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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) ill outside city or town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death accurred: (If rurai, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of deceased (mo., day, yr.) Immediate cause of death Months 8. AGE: if tess than one day 10. Usual occupation. (Include pregnancy within 3 months of death) PHYSICIAN: Flease underline the cause to which death should be charged statistically. -22. VIOLENCE: If death was due to external causes, fill in the following; (Burlai, cremation, or removal. Which?) Date thereof. Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur? (City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 18. Funeral director (Date rec'd by registrar)





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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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RESIDENCE (HOME) OF DECEASED: whorn infants give residence of mother) EVIAND County GARRETT OAKLAND (tf outside city or town limits, write RURAL and give nearest town) ROUTE # 1 (If rurat, give LOCATION) an, name war. 3. (b) Social Security Number MEDICAL CERTIFICATION that death occurred on the date above stated; that lattended deceased from
MEDICAL CERTIFICATION DEATH
that death occurred on the date above stated; that lattended deceased from
that death occurred on the date above stated; that I attended deceased from
sawh attive on Opice (7 19 47) use pi death DURATION Conference Sudvendely Steep
(Include pregnancy within 3 months of death)
Date of op. Its
il a contract of the state of t

APR 22 1947

UNFADING INK. Supply every item of information carefully. The cognit. Physicians: please write the causes of death clearly and legibly.

PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE	A	llegar	LV.	2. USUAL RESIDENCE (HOME) 0	F DECEASED: mother)		
County	C	70-0	1	State Maryland Cou	State Maryland County Allegany		
City or town(If	outside eity or town li	mits, write h	URAL and give nearest town)				
How long in above place	e of death?	Mo 11	Days	City or town	, write RURAL and give nearest town)		
Rosnital Institution, or	r street address where	death occurre	i:	Street No. 331 Central A	ve		
	331 Cent	ral Av	re	(If rurat, give			
	or Inetituilon?			2.(a) If veteran, name war			
3. (a) FULL NAM	E				3. (b) Social Security Number		
		Don Ce	edric Beard		None		
4. Sex	5. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION		
Male	Colored	S	Single	A	. 45 7 0		
Mare	1 0010100		711610		19.47 at 3 P		
6,(b) Name of hysband	er wife	******************	***************************************	21. I CERTIFY that death occurred on the date abo			
			c) If alive, give age	april 19.4	+7. 10 april 21 1947		
7. Birth date of	0-1-2			and that f last eaw halive on Alice.	April 2 1 15t 7		
8. AGE: Year		Days	It less than one day	Immediate cause of death			
o. AGE.	6	11	hrs.	min. By Shr. Do	eurona / with		
0							
9. Birthpiace	imperiano,	county, and	ny Co, Maryland	Due to			
1D. Usual occupation.	***************************************		***************************************	Due fo			
11. Industry or business		. 7					
当 12. Name	Te (onard I	eard	Dther conditions			
12. Name	Cumb	erland	l, Md.				
E .	Thers	ssa Der	mark	(Include pregnancy within 3 r			
14. Maiden name				Major fiodiags of operations			
		perland			Date of op.		
16. Informant	Leonard	Beard	***************************************	Autopsy results			
11			berland, Md.	PHYSICIAN: Please underline the cause to wi	sich death should he charged statistically.		
				22. VIOLENCE: If death was due to externat cau	ses, fill in the following;		
17. Bull	rial Which?	Date the	eof 4/23/47 (month) (day) (year)	Accident, suicide, or homicide	Date of		
			metery		477. 4. 3.		
Location	Cumbe	erland,	Nd.		here?)		
18. Funeral director	Willis	m.H. E	Cight	Means of Injury	Injured at work?		
Address	Cumber	Land, 1	id.	12 m	La hundle mo		
111	52 11-	2	otrouble: M	23. SIGNATURE	M. D. or other		
19. (Date rec'd by re	23,18.4.7	J	· OVauklu, Regis	strar Address 4/ Melene St.	undelle dote signed afril 2014.		

APR 29 1947
BUREAU 7 8

1. PLACE OF DEATH

How long in above place of death?....

How long in hospital or institution?. 3. (a) FULL NAME

4. Sex

7. Birth dale of deceased (mo., day, pr.)

8. AGE:

9. Birthplace.

10. Usual occupation. 11. Industry or business

13. Birthplace

14. Maiden na 15. Birthplace 14. Maiden nam

16. Informant Address

Location 18. Funeral director

Address

(Dute rec'd by registrar)

(If outside city or town limits, write

Hospital institution or street address where death occurred

8. Color or race

6.(c) If alive, give age

Days

(Town, county, and state)

Date thereof.

If less than one day

S.(b) Name of husband or wife.....

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore / 7

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CATE	OF	DEATH	H	1	Reg. Diat.	No	4
Stat	Ear	Musy	and	of mother county	les	rett	
	et No	(If outside	e city or town lin		ON)	give neares	t town)
2.(4	z) tt vete	ran, name war					
le 1	130	itze	ee	3. (b	Sacial Se	curity Nu	
20.	DATE OF	DEATH.	MEDICAL	CERTIF	CATIO	W 46) 21	7 P
			urred on the date	above stated		jed deceases	
		et saw h		Marie	k 47	-	DURATION
	nedia	ause of death	•				
Due	10. 7	lialu	which	ni			
Dus	10						
Dihe	er conditi	ons					
		(Include p	regnancy within	8 months o	f death)		
Maj	or findic	gs of operation) \$		Date of o	p	
Aot	opsy rea YSICIAN	alts : Plesse uuder	time the cause to	which deat	h should be	charged sta	listically.
22.	VIOLEN	ICE: If death w	as due to externat	causes, fill l	n the followin	g:	
			(City or tow		(County)		State)
			stry, public place				
	ans of Inj				Injured at wo	ork?	
23	SIGNATI		XX.C	wh	cess	7	
-	lress.	Leccu	berla	uf	Melloate	M. D. or	1/12 401

information carefully. The ADING INK. Supply every item of Physicians: please write the causes BINDING FOR MARGIN RESERVED WITH UNF PLAINLY, V is especially WRITE EASE

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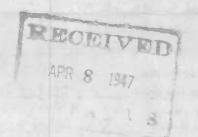
MARYLAND STATE DEPARTMENT OF HEALTH

CEDTIFICATE OF DEATH

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Diet	No	4

e of				
mile			DEPARTMENT OF HEALTH	00535
/			harles St., Baltimore	CB /
		CERTIFIC	ATE OF DEATH	Reg. Dist. No.
1. PLACE OF D	EATH:	A MO 3077	2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	OF DECEASED:
County	***************************************	egany		Columbiana Columbiana
City or iowa(If	outsida eity or town lim	land its, write RURAL and give nearest town)		
How long in above place	or street deress ther de	ath offurred:	City or town (If outside city or town limi	
0	E PLEASE	ed Kras	Street No. Pleasant (If rural, giv	e LOCATION)
How long in hospital	or Institution?		2.(a) If veteran, name war	
3. (a) FULL NAI	(E			3. (b) Social Security Number
		I. Brayley		None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL C	ERTIFICATION
Wale	White	Married	20. DATE OF DEATH. 4 / 4	19at
B.(b) Name of husban	d er wife	la Jones Brayley	21. I CERTIFY that death occurred on the date at	12 /1 /1 /
			years 7/8/4/7 19	10 9 19 19 18 18 18 18 18 18 18 18 18 18 18 18 18
7. Birth date of deceased (mo., day	m.) Apr	il 19 1875	and that last saw handle on	OURATION
8. AGE: You	re Months	Days if less than one day	Immediate Clube of Grade	17:11
71	11	12 hrs.	min.	a ruline
9. Birthplace	ales England	ounty, and state)	Due to.	
10 tiqual accumation	(zown, et	Coal Miner	(Done had	Calle and
11. Industry or busine		ring Coal	Due to	291 Ogl -
	Thom	nas Brayley	Dther conditions	
12. Name		les England		
H 14. Malden nam	Le	ry (Unknown	(Include pregnancy within 3	
14. Malden nam 15. Birthplace		ales England	Major findings of operations	
16. Informant	Mrs. Carl	C. Robbins	Antonsy results	
Address Ci	ty Rt 23. Cu	umberland, Ld.	PHYSICIAN: Please anderline the cause to	
17	Burial on, or removal, Which?)	Date thereof	22. VIOLENCE: If death was due to external ca	
(Buriai, crematic	on, or removal, Which?)	(month) (day) (year)		
		oon Cemetery	Where did injury occur?(City or town)	
		n, Ohio	Injured at home, farm, industry, public place (lojured at work?
18. Funeral director.	Willi	am H. Kight	Means of injury	C. D O.
Address	Cumberlar		23. SIGNATURE	Whama Ms
19 apri	2 3 19 4)	J. P. Trankhi M	D Me 1 130 1 1	M. D. of other
(Date rec'd by	registrar)	// Regis	trar Address Address	Administration of the signed

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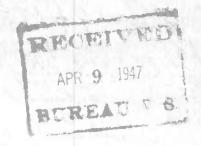


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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	TE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME adam Brown	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced married, widowed, or divorced 6.(b) Name of husband or wife	2D. DATE OF DEATH 194 al 21 I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day 2. 9 hrs. min.	Indicate cause of death Servelley 19 10 19 17 19 17 19 17 19 17 19 19 19 19 19 19 19 19 19 19 19 19 19
9. Birippiace	Due to
11. Industry or business 12. Name	Other conditions (Include pregnoncy within 3 months of death)
14. Maiden name Agnus Me Cayley 15. Birthplace Suttant	Major findings of operations
Address 17	Autopsy resolts
Cometery or control of the Sungariant Contro	Where did injury occur?
18. Funeral director Address 19. 4-7 (Date ree'd by registror) 18. Funeral director (Date ree'd by registror) Registrar	23. SIGNATURE DOM Jase J. M. D. or other - 4.3



ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

WRITE PLAINLY, WITH UNF. is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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	Keg. Diet. No	, , , , , , , , , , , , , , , , , , ,
1. PLACE OF DEATH: County Allegany Cumberland Md	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
City or town. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town Cumberland (If outside city or town limits, write RURAL and give near	
Hospital, Institution, or street address where death occurred: In Police ambulance on way to Memorial Hospital How long in hospital or institution?	Street No. 184 Wineow (If rural, give LOCATION)	***************************************
		•
3. (a) FULL NAME James Thomas Brown	3. (b) Social Security N	umber
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	about
Male Colored Widower	20. DATE OF DEATH April 21 18.47	about
6.(b) Name of husband or wife Thelma Bates Brown	21. I CERTIFY that death occurred oo the date above stated; that I attended decease	ed trom
7. Birth date of T. A. 7.000	and that I last saw h Im a Dead April 21	194.77
7. Birth date of deceased (mo., day, yr.) Jan. 4-1902	200 that 1 125t 52# it	DURATION
8. AGE: Years Months Days If less than one day	Immediair cause of death	about
45 3 17hrsmin.		week
9. Birthplace Ridgeley, W. Va. (Town, county, and state)	Due to	
1D. Usual occupation. Laborer	Due to	***************************************
11. Industry or business		
James Brown 12. Name Pattersons Creek, W. Va.	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name Nellie Reubaum 15. Birthplace Pattersons Creek, W. Va.	Major findings of operations.	
15. Birthplace Pattersons Creek, W. Va.	Major Indings of operations	
16, Informant Mrs. Fred Hampton	Actorsy results	
Address 1012 Rolling Mill Pl. Cumb.Md.	PHYSICIAN: Please ooderline the cause to which death should be charged st	atistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;	
Burial (Burial, cremation, or removal, Which?) Bate thereof Apr. 24, 1947 (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Sumner Cem.	Where did injury occur?	(State)
Location Cumberland, Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director Charles L. George	Means of injury Injured at work? Deputy Medical Examiner - Alleg	anw Co
Address Cumberland, Md.		auy On
12 April 2 4 19 47 & Franklin M. W. (1) the rec'd by registrar	23. SIGNATURE H. V. Deming M. D. W. W. Date Signed & M. D. or	

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APR 29 1947

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information carefully. The correct age of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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.... Date signed ... #

CERTIFICATE OF DEATH 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: How long in above place of death? Hospital, institution, of street address where death occurred (If rural, give LOCATION) 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race 6.(b) Name of husband or wife..... deceased (mo., day, yr.) 8. AGE: (Town /county, and st 13. Birtholace (Include pregnancy within 8 months of death) 14. Maiden na 15. Birthplace 14. Maiden name 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did Injury occur?(City or town) Injured at home, farm, Industry, public place (where?) Means of Injury 18. Funeral director. Address 23. SIGNATURE



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(Date rec'd by registrar)

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. C

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harles St., Baltimore	(464)	0000

Cumbuland Md ____ Date signed . 4

CERTIFICATE OF DEATH Reg. Digt. No ... 1. PLACE OF DEATH: Allegany 2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother) City or town 143 Wine ow St. Cumberland Md.
(If outside city or town limits, write RURAL and give nearest town) Md County Allegany Cumberland
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 3 weeken Street No. 143 Wineow & Hospital, institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or Institution?..... 3. (a) FULL NAME 3. (b) Social Security Number Barton M. (Coleman) Coalman

| 5. Color or race | 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION 1.47 .2.50P.W Mpril male colored Widower 2B. DATE DE DEATH 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from and that I last saw h im a Dead April 7. Birth date of 2 July 1882 deceased (mo., day, yr.) Immediair cause of death..... DURATION Months If less than one day 8. AGE: Carcinoma of the stomach about 2 64 (Town, county, and state) 1D. Usual occupation..... 11. Industry or business 12. Name..... 13. Birthplace (Include pregnancy within 3 months of death) HLOW 14. Maiden nat 14. Maiden name.... Major findings of operations..... Penna. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the tollowing; Accident, suicide, or homicide..... (month) (day) (year) Where did injury occur?(City or town) (County) Injured at home, tarm, industry, public place (where?) Injured at work? Msans of Injury Examiner - Allegany Deputy 23. SIGNATURE H. V. Deming M. D. 14/V Dunin

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APR 15 1947

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Cha	artes St., Baltimore
CERTIFICA	TE OF DEATH Reg. Dist. No
1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants giveresidence of mother)
City or town. Trosfburg. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 74 Years	City or town (If outside city or town limits, write it RAL and give nearest town)
Hospital, Institution, or street address where death occurred: 6 Broad way	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Martha Gertrude Conner	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white single	20. DATE OF DEATH PARTY 22 1947, at 11
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) and 2-1866	and that I last saw h alive on the alive on DUNI
8. AGE: Years Months Days if less than one day 8. Months Days if less than one day 8. Months Days if less than one day 8. Months Days if less than one day	Lig Jetting Man
9. Birthplace Keyser's Ridge, Carrett Co. Marylan (Town, county, and state)	Due to White Selection 1/8
10. Usual occupation /fouse/keeper	Due to
11. Industry or business 12. Name Levi Conner Born June 2-18/1	7
	Diffici contactions
13. Birthplace Cresaptown, Allegany Co, Maryla 14. Maiden name Mary Ann Wiley Born July 27-18	(Include pregnancy within 3 menths of death) Major findings of operations.
15. Birthplace Carrett Co. Mary lang	
16. Informant Walter Leffaces	Autopsy results
Address Indiana Bate thereof April R4 194	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Cemetery or crematory CPANTS VILLE AGA (month) (day) (year)	Where did Injury occur? (City or town) (County) (State)
Location Crants ville Maryland.	Injured at home, farm, industry, public place (where?)
18. Funeral director.	Means of Injury Injured at work?
Address Saselburg MC	23. SIGNATURE WOMERIM
19. 4-23 (Oute rec'd by registrar) 147 Dus. Mauley & Rogistr	Address & Addres

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APR 28 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly

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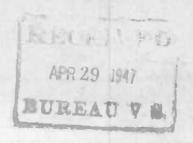
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore



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CERTIFICAT	E OF DEATH Reg. Diat. No	4
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	st town)
3. (a) FULL NAME Rose Innse Conners 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security N	umber
F W Widowed	20. DATE OF DEATH. 19 P. C. 1 18 19 47 1	6º0 2.
8.(b) Name of husband or wife Charles E. Conners 6.(c) If alive, give ageyears	21. I CERTIFY that death occurred on the date above stated; that a rended decease to to provide the state of	
7. Birth date of deceased (mo., day, yr.) January 28, 1881	and that I last saw h. C	DURATION
8. AGE: Years Months Days If less than one day	A A A	
66 2, 20hrsmin.	Centr myogardial failure	Same
9. Birthplace	Due 10 Cutrio- 3 klarote capillo-	y gears
10. Usual occupation Restaurant cook	Who Devilar Che Man	Teacs
11. Industry or business	DUB 10.	
12. Name Mack Me Gisley 13. Birthplace Ireland	Diher conditions	•••••
E March Dager	(Include pregnancy within 8 months of death)	
14. Malden name Mary Dugary 15. Birtholace Ire 1020	Major findings of operations	
15 Is Interpret allegans orante Datemarie	Aolopsy results	
Marie De De la	PHYSICIAN: Please onderline the cause to which death should be charged at	atistically.
Address 17. Baria Date thereof Mil 21,19 47 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or crematory Rose Mill, Cliu	Where did injury occur?	(State)
Location Joseph W. A.	tnjured af home, farm, Industry, public place (where?)	
18. Funeral director to his of Hafe	Means of Injury tnjured at work?	
Address Cuspherland, Wangsand	22 SIGNATURE Inthus 7. Janes Zu. S.	
19 Akril 20, 1947 J. F. Hauklin, M. D. Registrar	Address (10 S. Centre St. Date signed 4	
I. Viene de la Contraction de		



PLEASE WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1319)

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CERTIFICATE OF DEATH

1. PLACE OF DEATH: (100 COLLAR	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infarts give rapidence of mother)
County	State Daresaced County Measury
City or town	City or town 1 Eckhart 1
How long in above place of death?	(In outside city of town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No
	2.(a) If veteran, name war
How long In hospital or institution?	
3.(a) FULL NAME Walter Edgar Con	3. (b) Social Security Number 705-07-9677
4. Sex 5. Color or race 6.(a) Single, married, will owed, or divorced	MEDICAL CERTIFICATION
male white Widowed	20. DATE DE DEATH ORNS 7 19 47 21 1230P
Dollie Connars	21. I OFBTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	april 1946 to april 1947
7. Birth date of	and that I last saw h Ang alive on Coff of 16 19 47
deceased (mo., day, yr.) Jerruary 27 1883	Immediate couse of death DURATION
8. AGE: Years Months Days If less than one day	Why scardief Turneffering 3 min
64 1 13min.	
9. Birthplace Eckhart allegany Md. (Nown, county, std state)	Due to CV - Kerral diversy 3 yrs,
The all a state of the all the a	
10. Usual occupation.	Due to
11, Industry or business D. + O. D. C.	
12. Name Charles Conjoh	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name weferown	Major findings of operations
14. Maiden name uce Recourse 15. Birthplace	Date of op.
16. Informant Mrs. Joseph Sportes	Aglonsy results.
May + Ulas ma	PHYSICIAN: Please onderline the cause to which death should be charged statistically.
Address Jahing 1049	22. VIOLENCE: tf death was due to external causes, fill in the following;
(burial, cremation, or remayal Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory &ckhart Ledwetery	Where did Injury occur?
Explant md. 1	tnjured at home, farm, Industry, public place (where?)
Location Control Control	Means of Injury Injured at work?
18. Funeral director	ano.4-1-10
Address Trestling Md.	23. SIGNATURE AND
19. 4-9 1947 Xue Havey X-100	- Fronthara Wel and 4/8/47
(Date rec'd by registrar) Registrar	Address

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RECKIVED MAY 2 1947 BURHAU 9 6

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. ...

	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
	County alfran	State Count	(. 10.
V	City or town(If outside city or town limits, write RUMAL and give nearest town)	City or town I have cone	
	How long in above place of death? 3. 200 day 2	(If outside city or town limits,	write AURAL and give nearest town)
1	Hospital, Institution, or streel address where death occurred:	Street No	OCATION)
	How long In hospital or institution?	2.(a) It veteran, name war	
	3. (a) FULL NAME		3. (b) Social Security Number
	Carol Lee Cro	we	~ (0) botal betally little
	4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CE	RTIFICATION
	Temale White Ehrld	2D. DATE DE DEATH Cofre 4	19.47 a1/0 a N
	6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above	stated; that I ettended deceased from
		april 3	7 10 of 4 1947
	7. Birth date of	and that I lest saw har all we fan	del wit see. 19
	deceased (mo., day, yr.) hele 17 1946 8. AGE: Years Months Days If less than one day	Immediate cause of feath	DURATION
	3 /7hrsmin.	Brouch a Pression	2-4-42
	To anthrope all has been	Due to.	
	9. Birthplace The steer of allege any	Due 10.	
Ш	10. Usual occupation	Due to	
	11. Industry or business		
	E 12. Hame Groupe Shaw	Diher conditions	
	₹ 13. Birthplace Tundonown	(Include pregnancy within 3 me	onths of death)
	14. Maiden name Trancis Crowl 15. Birthptace Longramy and	Major findings of operations	
	2 15. Birthplace Longe and		
-	16. Interment Transis Perawe	Autopsy results	
	Address Langeming and	PHYSICIAN: Flease underline the cause to which	
	17 Burial Bate thereof Experil 4 1947	22. VIOLENCE: If death was due to external cause	
	(Burlal, cremation, or removal. Which?) (month) (day) (year)	Accident, sutcide, or homicide	
	Cemetery or crematory Quis Hill Cemetery	Where did injury occur?(City or town)	(County) (State)
	Location Loraconny had	injured at home, farm, industry, public place (whe	
1	18. Funeral director M. Eichlich	Means of Injury	Injured at work?
1	Address & man and mad	SA FA	larut.
	and the make	23. SIGNATURE	M. D. or other
	(Thite ree'd by registrar) Registrar	Address Lancour	Date signed 4/4/47

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information careful is especially important. Physicians: please write the causes of death clearly a

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APR 9 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 922

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases write the causes of death clearly and legibly.

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CER'	ΓIF	ICA'	ΓE	OF	DEA'	ГН

Reg. Diat. No.

12:30Pm

DURATION

1. PLACE OF DEA	ATH:			2. USUAL RESIDENCE (HOME) (For newborn infants give residence	OF DECEASED:		
County All	egany		•••••				
City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 77 years. Hospital, Institution, or street address where death occurred:				State Maryland County Allegany City or town (if outside city or town limits, write RURAL and give nearest town			
				323 B	roadway		***************************************
How long in hospital or	Institution?			2.(a) If veteran, name war			
3. (a) FULL NAME					3. (b) Social Security Number		
	Am	os Mid	dleton Davis		none		
4. Sex	5. Color or race	8.(a)Singi	e, married, widowed, or divorced	MEDICAL	CERTIFICATION		
Male	White		Widowed	2D. DATE OF DEATH 25 April 19	19 12:		
e (b) Name of husband	a wife Clar	a Bell	Twigg	21 I CERTIFY that death occurred on the date :	above etated; that laddended deceased from		
					10 My 23 11		
7. Birth date of			c) If alive, give ageyear	and that I last eaw h. Ancom alive on	Church - 2		
deceased (mo., day, y	r.) 20 00	toper	18/0	Immediate cause of death	DUR DUR		
8. AGE: Years		Daye	It less than one day	I almour ofen	J Diseas 29		
7	6 6	5	hrs min.	Δ			
9. BirthplaceAl	legany Cou	nty, M	aryland.	Due 10. My o card	in Chroni zeg		
	Store I			() Loss A	2-111-1- 1591		
1D. Ueual occupation	מס חפס			Due to.	2000		
11. Industry or business	6						
12. NameF		is	• • • • • • • • • • • • • • • • • • • •	Dther conditions			
13. Birthplace	Maryland			(Include pregnancy within	9 months of death)		
14. Maiden name	Irene Zi	mmerma	n				
TO	Maryland	l.		Major findings of operations			
				Autopsy results	which death should be charged statistically		
Addrese 11	0 W 2nd St	, cum	berland, Md.				
, Buria	1	Data than	28 April 1947	22. VIOLENCE: If death was due to external			
(Burial, cremation	, or removal. Which?		eof 28 April 1947 (month) (day) (year)	Accident, eulcide, or homicide			
Cemetery or cremato	Mt. Her	man Ce	metery	Where did injury occur?(City or town	n) (County) (State)		
	Cumberlan			Injured at home, farm, industry, public place	(where?)		
1B. Funeral director		n. Inc		Meene of injury	injured at work?		
				M1 ED 10.	me had		
Addrese Cu	mberland,	Maryla	nd.	23. SIGNATURE	vers. 100		
19 April 2	6, 1947	Xt	Hauklin, M.L	(23) Tra a	M. D. or other		
(Date rec'd by re	gistrar)	(/	Registra	Addrees	Date signed		

MAY 3 1947

MARYLAND STATE DEPARTMENT OF HEALTH (930)

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

				1
Reg.	Dist.	No.	7	6

1. PLACE OF DEATH: County					2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate			
					3. (b) Social Security Number			
4. Sex	15. Color or race		. married, widowed, or divorced		MEDICAL CERTIFICATION			
Male	White				20. DATE OF DEATH April 10 19 47 219:25 p			
7. Birih dete of	D		Ross Davis 1 alive, give age 73	. years	21. I CERTIFY that death occurred on the date above staled: 1hal I altended deceased from 19.4 10.4 19.4 10.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4 19.4			
deceased (mo., day,		Days		_	Immediais cause of death OURATION			
7	1 4	6	hrs.	. min.	Jackelly Louis and			
S. Birthplace anticoke Lucerne, Penna. (fown, county, end state) 10. Usual occupetion Miner 11. Industry or business Coal Mine 12. Name Thomas Davis 13. Birthplace Wales					Other conditions			
当 14. Maiden name					(Include pregnancy within 3 months of deeth) Major findings of operations			
15. Birthplace	Wales				Major findings of operations. Oate of op.			
16, Informant	Mrs Eliz Westernp		Davis Maryland		Autopsy results			
17 Puri (Burial, crematio	al n, or removel. Which?)	Date there	of April 13 (month) (day) (year		Accident, suicide, or homicide			
Cemetery or crematory Philos Cometery Location Westernport. Maryland					Where did injury occur?			
					Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?			
			. Boal		Menus or injury			
	Westernpo	11/18/10	1 10 00	ML	23/SIGNATURE DECUSED M. D. or 9ther Address Cleveland M. D. or 9ther Address Cleveland M. D. or 9ther Address Cleveland M. D. or 9ther			

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The second is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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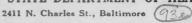
rrect age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The conservation is especially important, Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH



DOMAN

	CERTIFICATI	E OF	DEATH		Reg. Diat. No	4
1. PLACE OF DEATH: County (If outside city or town limits, write RURAL an How long in above place of death? Hospital, institution or street address where death occurred: How long in hospital or institution?	d give nearest town)	State	(If outside cit	HOME) OF ye residence of me County County y or town limits, (If rural, give L	write RURAL and give	My
3. (a) FULL NAME	Barre De	1			3. (b) Social Securi	ty Number
4. Sex 5. Color or race 6.(a) Single, married, Female Mate 4. Sex 6.(b) Name of husband or wife Andersh. R. A.	widowed, or proced	20. DATE OF	DEATH	DICAL CEI	stated; that I attended to	
7. Birth date of deceased (mo., dey, yr.) Och 30 18	than one day		saw h	11111	pri 14	19.4.7
9. Birthplace Baltimal Or (Town, county, and state) 10. Usual occupation Housemble	hrs. min.					
11. Industry or business 12. Name Mm H B Milkiss 13. Birthplace	n and.	***************************************	ons			
14. Maiden name Miles Selected	and.	***************************************	gs of aperations	nancy within 3 mc	Date of op	
Address 11. Bassal (Burial, cremation, or removal. Which?) 12. Bassal (Burial, cremation, or removal. Which?)	il /6 47 month) (day) (year)	PHYSICIAN 22. VIOLEN Accident, sui	: Please underline ICE: If death was d Icide, or homicide	the cause to which	th death should be charged as, fill in the following:	ed statistics y.
Cometery or crematory Trad It all Chamberla	m.	Injured at ho	me, farm, Industry,	(City or town) public place (whe	re?)	(State)
18. Funeral director Amis Stern	2 na	Mesns of Inju	IRE Of.	WSu	Injured at work?	D, or other
(Date rec'd by registrar)	Registrar Registrar	Address	Cum	lurlas	W. My sign	ed 4-12:49



2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

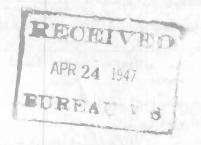
og. Diat. No.

	ACE. Dist. No. mining.	
1. PLACE OF DEATH: Ollegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Wichegan County Waynes	
City or town (It outside city or town In its write RDRAL and give nearest town)	City or town Catroit	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	••••
Hospital, institution, or street address where death opcured:	Street No. 2544 Van Nyke	
11 juers nosquar	(If rural, give LOCATION)	1
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
11 ary Monahue	- noue	
4. Sex 5. Color or race 6. Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temale White Wedowed	20. DATE DE DEATH. USS 20 19 47 at 1100	P
6.(b) Name of husband or wife Martine Donahuse	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	
	Jan 1947 10 2 194	Ţ.,
7. Birth date of	and that I last saw h. e. alive on april 20 194	7
deceased (mo., day, yr.) Nacember 6, 1861	Immediate cause of death	3N
8. AGE: Years Months Days It less than one day	D J Day	
85 4 14min.	Cerebral Semonbegl 3 das	41
9 Richalder Clarystrille allegan ma	Due to.	
9. Birthplace(Town, county, und atate)		
10. Usual occupation	Due fo	
11. Industry or business	oue io	,
12. Name Ohu Amittu	Dther conditions	
	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations	
14. Malden name	Date of op.	
mas and south	Autopsy results.	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Postering May	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Burial, cremation, or removed. Which?) (Burial, cremation, or removed. Which?)	Accident, suicide, or homicide	
11 60 1 1/0		
Cemetery or crematory	Where did Injury occur?	
Location Trastleing Md.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Q. R. ACURIT	Means of injury Injured at work?	
Address Fabrithurg md.	Wexyatters Md	,
422 10 201 Jan XCA	23. SIGNATURE M. D. or other	1,-
19. T. A. 19. N. M. M. M. C. Barretta	Address + 1 Mound Mod Bate stoned 4 /22/	47

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctage is especially important. Physicians: please write the causes of death clearly and legibly.

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Tour leve at the 115 Sayler 1610 : april 21 47 5507 White Thomas Languer la できまり Constanting Westerque ? Ret Carpentin + Ettern Marker The section of the se APR 29 1947 BUREAU 7 &

1. PLACE OF DEATH: County	City or town (if outside city or town limits, write RURAL and give nearest town) Street No. 502 (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 705-05-5343 MEDICAL CERTIFICATION 2D. DATE OF DEATH 6 19 7 21.31.3
6.(b) Name of husband or wife 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 9. A.C.F., Years Months Days If less than one day	MEDICAL CERTIFICATION 2D. DATE OF DEATH. 2D. DATE OF DEATH. 21. I CERTIFY that death occurred on the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; that I attended disceased from the date above stated; the date above stated; the date above stated; the date above stated is the date above sta
6.(b) Name of husband or wife 6.(c) If alive, give age 7. Birth date of deceased (mo., day, yr.) 8. ACE. Years Souths Days I fless than one day	2D. DATE OF DEATH. 2 19. 21. I CERTIFY that death occurred on the date above stated; that I attended doceased from 19. 19. 19. 19.
	Immedia: cause of death DURA
9. Birthplace Arithment Missign Country and state of the industry or business B+ O Backsluff 12. Name	Due to Differ conditions.
14. Maiden name	(Include pregnancy within 3 months of death) Major findings of operations
Address 602 Mbulgal 420 - regulation of removal. Which Date thereof. (mapth) (ady) (completely or crematory. Location	22. VIOLENCE: It death was due to external cauces, fill in the following: Accident, suicide, or homicide

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MARYLAND STATE DEPARTMENT OF HEALTH

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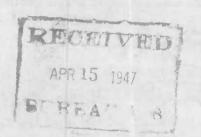
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		-	-			900	9000	second to	

/		CERTIFICA	TE OF DEATH	Reg. Diat. No	4
1. PLACE OF DI			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of a	DECEASED:	
City or town	Outside city of counting	its. Water No Rand give nearest town)	State MARYLAND County ALLEGANY City or town CUMBERIAND (If outside city or town limits, write RURAL and give nearest town)		
Magnital Institution of	or street address where do	eath occurred: // / /	Street No. 604 N a MECHAN (If rural, give	LOCATION)	
3. (a) FULL NAM	IE IN E. EVER	STINE		3. (b) Social Security None	Number
4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced	MEDICAL CE	ERTIFICATION	
MALE	WHITE	MARRIED	20, DATE OF DEATH APRIL 6	19.4.7	, at
6.(b) Name of husband	d or wife ISABEL	LE MCCORMICK	21. I CERTIFY that death occurred on the date abo	ve stated; that I attended deci	eased from
7. Birth date of	yr.) 11/29/7		and that I last saw halive on	***************************************	19
8. AGE: Yea	rs Months	Days If less than one day	Immediate cause of death		BURATION 3
9. Birthplace	CABIN	Maryland ounty, and state) FIT MAKER - Retired	Due to.	CV, hlui	- Zam
13. Birthplace	MAR	FRSTINE YLAND	Dther conditions	nonths of death)	
14. Maiden name 15. Birthplace	CLARA VA MARYL		Major findings of operations		
16. Informant	rs. Isabel	le Everstine nic St., Cumberland	Actopsy results		
Burial Date thereof Apr. 9, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Rose Hill Cem.			an amount of death was due to external sou	Date of	(State)
Location C	umberland	Md.	tnjured at home, farm, Industry, public place (wi		******
Charles L. George 18. Funeral director Cumberland, Md.			Means of Injury	Injured at work?	1/1~
19. Abril	9 19 4.7 registrar)	J. P. Franklin, M. L.	23. SIGNATURE Address. 41 Israel	M. D. M. D. Date signed	april6,194

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In is especially important. Physicians: please write the causes of death clearly and legibly

PLEASE



MARYLAND STATE DEPARTMENT OF HEALTH

Registrar Address...

OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

Cumberland

2411	N.	Charles	St.,	Baltimore	170
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		/		

Reg.	Dist	No

County Allegany

(If outside city or town limits, write RURAL and give nearest town)

			CERTIFICA	
1. PLACE OF DEA				
County	Allegan	<i>I</i>	***************************************	
			URAL and give nearest town)	
Hospital, institution, or	of death?a.bou street address where d	eath occurred:	ours	
Memori	al Hospi	tal		
low long in hospital or	Institution?Ab.O.1	1t 3 1	nours.	
3. (a) FULL NAME		11.22	10	
7077.0	Ommbo Tile		- Hamian	
I, Sex	Orpha Pla	6.(a)Single	, married, widowed, or divorced	
female	white	n	arried	
(b) Name of husband	or wifeAust	in Flai	nigan	
) If alive, give age52year	
. Birth date of				
deceased (mo., day, y			If less than one day	
o. Adl.				
	6 8		hrsmin	
3. BirthplaceDa	vis Grant (Town, c	Co, We	st Virginia	
10. Usual occupation	K1	tchen		
1. Industry or business	200	al Hos	pital	
	Hett			
12. Name Hettie Nine 13. Birthplace Davis W. Va.				
14. Malden name Susan Wolford 15. Birthplace Canan Valley W. Va.				
15. Birthplace Canan Valley W. Va.				
16 Informant	Austin	Flani	gan	
			mberland, Md.	
			of 4/22/47	
	of removat, willich;		(month) (day) (year) al Cemetery	
Gemetery or cremator				
Location	Cumb	erland	,a.	

William H. Kight

Cumberland, Md.

Street No. 720 Lafay	ette Queune	
2.(a) If veteran, name war		
	3. (b) Social Security Nu	mber
	235-14-1782	
MEDIC	AL CERTIFICATION	
20. DATE OF DEATH. April	20 19 47 , at	2.50 A
	e dafe above stated; that I attended decease	
	19 fo	19
and that I last saw h.C.Talle Gre	d April 20	19.4.4.7
		AUDIDION S
Intercranial h	emorrhage	3.1/2
		hours
Due to fracture of		•••••••
Due to hit by an a		
middle third.	right humerous.	
Major findings of operations		
Autopsy results	use to which death should be charged sta-	tietically.
22. VIOLENCE: If death was due to ex	ternal causes, fill in the following:	2
Accident, suicide, or homicideA.C.C	ident Date of 4.1	9 -47
Where did injury occur? .Cumbe Va. Ave in fro Injured at home, farm, industry, public	rland Allegany ntown) of Boound M.C.	AMd
	n auto. Injured at work? no	

ADING INK. Supply every item of information carefully. The co-

important.

especially

WRITE PLAINLY, is especially

PLEASE

19. Funeral director

(Vate rec'd by registrar)

Address



MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 63-0

00553

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Rural Valley Rd. Cumberland Md. (If outside city or town limits, write RURAL and give nearest town)	state Md county Allegany	
How long in above place of death? about 6 months	City or town Rural Valley Rd. Cumberla	rest town)
Hospital, Institution, or street address where death occurred:	Street No. Box 43.6, R. J. A. # 3	
Valley Road Box 436, K. J. M. 3	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If veteran, name war	***************************************
3. (a) FULL NAME	3. (b) Social Security	Number
Mrs. Estella Marion Fletterman	None	544
Mrs. Estella Marion Fletterman 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	o b and
female white married	4	about
	20. DATE OF DEATH April 29 19.47	
6.(b) Name of husband or wife Karl E.Fletterman	21. I CERTIFY that death occurred on the date above stated: that I attended decea	
7. Birth date of	19, 10	19
7. Birth date of	and that I last saw h. er allve Dead April 29	19, 4.7
deceased (mo., day, yr.) August 15 1897 B AGF: Years Months Days If less than one day	Immediais cause of death.	DURATION
o. Aut.	Acute dilatation of the	a.t
49 8 14min.	heart	once
9. Birthplace Bittle Oreleans, Allegany Co, Md (Town, county, and state)	Due to	***************************************
1D. Usual occupation		
tt, Industry or business	Due to	
	0-14	corenal
I 12. name	Other conditions Goiter	several
	(Include pregnoney within 3 months of death)	years
뜰 14. Maiden name	Major fiediogs of operations	
14. Maiden name Sarah Apple 15. 8irthplace Little Oreleans, Md.	Date of op.	
16. Informant Katl E. Fletterman		***************************************
	Actorsy results	statistically.
Address Valley Road Box 436, Cumberland, Md.	22. VIOLENCE: It death was due to external causes, till in the toliowing:	
Burial Date thereot May 1, 1947 (month) (doy) (year)	Accident, suicide, or homicide	
Cemetery or crematory St Mary Cemetery	Where did injury occur?	(State)
Location Cumberland, Md.	Injured at home, tarm, Industry, public place (where?)	
	Means of Injury tnjured at work?	
t8. Funeral director William H. Kight	Deputy Medical Examiner - Aleg	gany
Address Cumberland, Md.	23. SIGNATURE H. V. Deming M. D. H. V. Dem	any man
19. May 1. 18. 47 J. P. Trauklin, M. L. (Date receptor registror) Registror	Address Combuland Md. Date signed.	1/39/47



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.,	Baltimore
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CERTIFICATE OF DEATH

Reg. Dist. No.

Br. Sample

1. PLACE OF DEATH: (1900)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County County	n 0 allo.
City or town	State County County
	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	Street No. 236 Paca Street
236 Page Street	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Edna Blizzand Fol	mer none
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F W marriel	20. DATE OF DEATH april 1, 19 417 at 4:00 A. M
9 . = 0	
6.(6) Name of husband or wite Lewis Folger	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	mmh 3/ 1947 10 april 1947
7. Birth date of deceased (mo., day, yr.) 28 J why 1898	and that I last saw h. La. alive on
8. AGE: Years Months Days If less than one day	Immediaic crope of death
48 8 3hrsmln.	Janes Johnson 17 ags
9. Birthplace	Due to.
10. Usual occupation housewife	
	Due to
11. Industry or businsss	
12. Name Mantin Blagger 13. 8irthplace Wash Va.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Dan Ringsleman 15. Birthplace West Un	
15 Rirtholace West Un	Major findings of operations. Date of op.
. 0 , , , , , , , , , , , , , , , , , ,	
16. Intermant	Autopsy results
Address 236 Paca ST, Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 beigh Bate thereof april 4, 1947	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	
Cemetery or crematory Sun Nemonal Lank	Where did injury occur?
Location Respond Road Cumberland Myl.	Injured at home, farm, Industry, public place (where?)
Louis Stein Inc.	Means of Injury Injured at work?
18. Funeral director	B 20 10 10 20
Address Million Mills Address	23. SIGNATURE JI MI OCCUPANTION ASS
10 (Sheel 3,047 J. F. Tranklin, MA)	. 41 Dalland And M. Door other
(Date rec'd by registrar) Registrar	Address Date signor production

Dr Schmaler



important.

PLAINLY, is especially

ASE

Durell

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Diat. No.	
DEC	ASED:	
	Allegany	
nd		

. PLACE OF DEATH:	Allegany
ounty	ATTOSCHY
ity or towo	Cumberland ity or town limits, write RURAL and give nearest town)
ow long in above place of death	, 33 Years 11 Mo 21 Days
ospital, institution, or street a	direes where death occurred:
	3 Race Street

	(If rural, give LOCATION) an, name war
Street No	3 Race Street
City or town.	(If outside city or town limits, write RURAL and give nearest town)

2. USUAL RESIDENCE (HOME) OF I haryland

Hospital, Institution, or street address where death occurred: 3 Race Street							
How long in hospital or in							
3. (a) FULL NAME							
		George	Korns Garvin				
4, Sex							
Male	White		Married				
B,(b) Name of hysband or	wife	Ruth Da	mm Garvin				
P'(o) water of unafare et	WIIC) If allve, give age 32 yeare				
7. Birth date of	Λ	pril 22					
deceased (mo., day, pr.) 8. AGE: Years	Monthe	Days	If lese than one day				
33	11	21	hrsmin.				
10. Usual occupellos. 11. Inductry or business 12. Wame. 13. Birthplace 14. Malden name. 15. Birthplace Cumberland, Md.							
16. Intermant							
	ce St, (
17. Burial Date thereof Africa 16, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Zion Memorial Cemetery							
Location Cumberland, Id.							
18. Funeral director	Wil	lliam H.	Right				
Address	Cumi	perland,	Ild.				
19. Abril	J 18 4 7	J. 1	Tranklein, M. D.				

MEDICAL CERTIFICATION April 13 19.47 at 11- A M

217-10-5603

211av. 1946

21. I CERTIFY that death occurred on the date above etated; that I attended deceased	from 1947
and that I last eaw alive on	19.4.
Immediais cause of death	DUNATION
Due to Castrelia	270
mueral Matastasa	
Due 16 7	
Diher conditione	
(Include pregnancy within 3 months of death)	

Autopsy rest	dts										
PHYSICIAN:	Please	underline	the	cause	to	which	death	should	be	charged	statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.....

Where did injury occur?(City or town) (County)

Injured at home, farm, industry, public place (where?) ...

Major findings of operations

Injured at work? Meane of Injury



DR CAWLEY

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

00557

2411	N.	Charles	St.,	Baltimore	å
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/			CERTIFIC	CATE	OF DEATH		Reg. Dist. No	4
City or townCIJMB (17 or How long in above place of Hospital, Institution, or s MEMORIAL.	GANY LEGICATION IIM LEGICATION ILLE LEGICATION SELV STREET Address where de HOSPITAI	its, write RU	IRAL and give nearest town)	Sta	USUAL RESIDENCE (HC (For newborn infants give re- te	County RC town limits, THR	other) ALL Garage write RURAL and give to OSTBURG OCATION)	earest town)
3. (a) FULL NAME							3. (b) Social Security	y Number
	MISS BES						none	
4. Sex	5. Color or face	6.(a)Single	married, widowed, or divorced				RTIFICATION	
FEMALE	WHITE	5	SINGLE	20.	DATE OF DEATH ATRIC	. 16	19.4.7	at 10:50 A.M
6.(b) Name of husband o					.1 CERTIFY that death occurred on	18.4	7 to APRIL	16 19 47
7. Birth date of			If alive, give age	years	d that I last saw halive o	n AP	RIL 16	19.47
deceased (mo., day, yr 8. AGE: Years	.) Months	Days	16,1984		mediais cause of death			DURATION
63	5.	0	hrs.	min.	METASTATIC BOTH LN		INOMA	
8. Birthplace	SCHOOL TE	CACHEL		Du-	MALIGNANT			
置 12. Name	GEHAUF, JO			Oti	ner conditions			
13. Birthplace MARYLAND 14. Malden name HENSEY, MINNIE 15. Birthplace MARYLAND					(Include pregnane	, Oza	Date of op.	
	ERNARD GE	CHAUF		Au	itopsy results	eage to which	h death should be charge	d statistically.
Address	FROSTBUR	G. MI).		VIOLENCE: If death was due to			
BURIA (Burial, cremation,	or removal, Which?) ZION EV		(month) (day) (year	4.7 Ac	cident, suicide, or homicide		Date of	(State)
	ROSTBURG.				ured at home, farm, Industry, pub			(Delite)
					sans of injury	e kinee (inte	tnjured at work?	
18. Funeral director	J. R. I	URST			9		-> n	n. 10
Address P	ROSTBURG.	_	+ 11	23	SIGNATURE OR	unk!	Cools	14.6
19 April (Date rec'd by reg	/719.4.7	J. F.	Tranklin, M. Reg	nistrar Ad	Address Remained Hospital Consoluted Medicate signed 4-16-47			



The correct age

ENFIELD

MARYLAND STATE DEPARTMENT OF HEALTH

1226 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

DOFFO

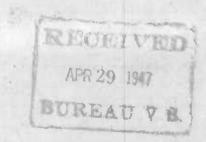
U	15	O	8		,
Diat.	No.			4	

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CHINE ERLAND (Storling in shore) piece of death? (Mostlong in above piece of death? (MERGORIAL HOSPITAL (Mostlong in hospital or institution? (Merona), give LOCATION) (Merona), give LoCATION (Merona), give L	1. PLACE OF DEAT	H:			2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	F DECEASED:- mother)
CIVIS PERLAND (It coulded city or town limits, write RURAL and give nearest town) (Row long in above place of deship. 24 H.E.G.S. (Row long in above place of deship. 24 H.E.G.S. (Row long in above place of deship. (Row long in above place place of deship. (Row long in above place	ALT IN C				State MARYLAND Cou	oty ALLEGANY
Street No. 40.7 MASHIMETON STRRET	(If outs	death?	+ yea	7/3	CUMBERLAND	
Row long in hospital or institution? 7 DAYS 2.(a) If relevan, same war 3. (b) Social Security Number 7.5 Color or race 8. Color or race 8. (a) Single, married, sideored, or divorced MALE WHITE WIDOWER 8. (b) Name of harband or wife. LULU BURKHOLDER 8. (c) If aline, give age 8. (c) If aline, give age 7. Birth date of decarated mon, day, yr.) 8. AGE: Verant 8. AGE: Verant 70 1 7 Arts. mile 9. Birthplace VIRGINIA (Town, county, and state) 10. Usual occupation. 8. BOTLER MAKER 11. Indivity or butness 8. A P. P. 12. Same. WILLIAM GOGGIN 13. Birthplace VIRGINIA 15. Birthplace VIRGINIA 16. Informant 16. Informant 17. Birth date of overacing and state of the conditions. 18. AT all altered decays of girth 19. Burst of outless or decarated on the date above stated; that I attacked the date above stated; that I attacked the date above stated; that I attacked the country of the date above stated; that I attacked the decays of the date above stated; that I attacked the date above stated; that I attacked the date above stated; that I attacked the decays of the date above stated; that I attacked the decays of the date above stated; that I attacked the date above stated that I attacked the date above stated the date above stated that I attacked the date above stated that I attacked the date above stated that I attacked that I attac	Hospital, Institution, or str	eet address where	death becurre	d:	407 WASHING	
3. (a) FULL NAME MR. STEPHEN M. GOGGIN MALE S. Color or race 6. (c) Sangle, married, widowed, or diverced MALE WHITE WIDOWER 8. (c) Name of hurband or wife. LULU BURKHOLDER 6. (c) Name of hurband or wife. LULU BURKHOLDER 8. (c) I alive, give age 904 that I lest saw h. IM alive on 19. 47 of 1. 18. 7. 19. 47 19. 48. AGE: Years Months 19. 49. 41 19. 41 19. 42 19. 41 19. 42 19. 41 19. 42 19. 43 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 49 19. 41 19. 41 19. 42 19. 41 19. 42 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 48 19. 49 19. 41 19. 41 19. 42 19. 41 19. 42 19. 41 19. 42 19. 41 19. 42 19. 41 19. 42 19. 41 19. 42 19. 41 19. 42 19. 41 19. 42 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 47 19. 47 19. 47 19. 47 19. 47 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 47 19. 47 19. 48 19. 47 19. 48 19. 47 19. 48 19. 47 19. 48 19. 47 19. 48 19. 47 19. 48 19. 47 19. 48 19. 47 19. 47 19. 48 19. 48 19. 47 19. 48 19. 47 19. 47 19. 48 19. 48 19. 47 19. 48 19. 47 19	MEMOR	TAL HOS	PLTAL			LOCATION)
MR. STEPHEN M. GOGGIN 4. Set MALE S. Coler or racs MALE WHITE WIDOWER S. (a) Name of husband or wite. LULLU BURKHOLDER S. (b) Hame of husband or wite. LULLU BURKHOLDER S. (c) Halling five age. Pears S. AGE: Tears Months TO 1 7 hrs. min. S. Birthplace VIRGINIA (Town, county, and state) 10. Usual occupation. BOILER MAKER 10. Usual occupation. BOILER MAKER 11. Industry or business SAD FR. 12. Name. WILLIAM GOGGIN 13. Birthplace VIRGINIA 15. Birthplace VIRGINIA 15. Birthplace VIRGINIA 16. Informant. MADIORIAI, HOSPITAL 16. Informant. MEDICAL CERTIFICATION 19. AT 7: 5GP 21. ASEBIFY that Jeath occurred doe the date above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe in date above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe in date above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe in date above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe in above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe in deta above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe in above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe in above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe in above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe in above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe above stated; that I attended degrees figure 19. 47. 21. 7: 5GP 21. ASEBIFY that Jeath occurred doe above stated; that I attended degrees figure 19. 40. 40. 40. 40. 40. 40. 40. 40. 40. 40		stitution?	DAYS	······································	2.(a) If veteran, name war	
MALE S. Color or race MALE WITTE WIDOWER 20. Date of Beath. APRIL 18 19. 47. 21.7.5 SGP 21. CEPTIFY that death occurred on the date above stated. that I although discussed trans 18. AGE: Years Months 70 1 7 hrs. min. 8. RGE: Years Months 70 1 7 hrs. min. 9. Birthplace VIRGINIA 10. Usual occupation. BOILER MAKER 10. Usual occupation. BOILER MAKER 11. Industry or business 8. AG GGGIN 11. Industry or business 8. AG GGGIN 12. Name. WILLIAM GGGGIN 13. Manden name. WIRGINIA 14. Maiden name. WIRGINIA 15. Informant. MEMORIAL HOSPICAL Antopoy results. PHYSICIAN: Please underline the cause to which death should be divarged statistically. Actions, or removal, which?) Cemetery or cremation, or removal, which?) Date thereof April 24. J. J. J. J. J. Actions, or common which? Where did injury occur? (City or town) Injured at home, farm, industry, public place (where?) Manne of injury Injured at home, farm, industry, public place (where?) Manne of luntry and industry, public place (where?) M. D. or other, J. M. D. or other,	3. (a) FULL NAME					
MALE WHITE WIDOWER 8.6(b) Name of husband or wife LULLI BURKHOLDER 5.(c) Italive, give age years decessed (ma., dsy., yr.) MARCH 11 18977 8. AGE: Years Months Days Itless than one day 70 1 7 hrs. min. 9. Birthplace VIRGINIA (Town, county, and state) 10. Usual occupation BOILLER MAKER 11. Industry or business Dy Dy P. P. 12. Name WILLIAM GOGGIN 13. Birthplace VIRGINIA 15. Birthplace VIRGINIA 16. Is formant MEMORIAL HOSPITAL 16. Is formant MEMORIAL HOSPITAL 17. Combinate Cumber of Common or removal. Which:) Date thereof Repair (month) (day) (year) (Compty of county) (State) 16. Support of the day of the fall above states; that I ast saw h. im. 21ve on 1 18. Is formant of gasth 17. Name WILLIAM GOGGIN 18. Affects of party that death occurred to the date above states; that I ast saw h. im. 21ve on 1 18. Affects of gasth 18. Industry or business Dy Dy P. P. 19. Address CUMBERLAND, MARYLAND 19. Address CUMBERLAND, MARYLAND 10. Combinate of common or removal. Which:) Date thereof Repair (month) (day) (year) 11. Common of the date of gasth 12. Name WILLIAM GOGGIN 13. Birthplace VIRGINIA 14. Malden name BURROUGHS, ELLIAM A 15. Informant MEMORIAL HOSPITAL 16. Informant MEMORIAL HOSPITAL 17. (Ebural cremation, or removal. Which:) Date thereof Repair (month) (day) (year) 18. Location T. C. C. C. (City or town) (County) (State) 19. Control of the day of the day of the county of the part of the cause to which death should be during at a fastically. 18. AT 19. AT 2. 56P 19. AT 2. 50P 1	MR.	STEPHEN	M. G	OGGIN		705-05-4523
8. (b) Name of husband or wife LIULU BURKHOLDER 5. (c) If alive, give age years deceased (mo. dsy, yr.) MARCH 11, 1877 8. AGE: Years Months Days if less than one day 70 1 7 hrs. min. 9. Birthplace. VIRGINIA (Town, county, and state) 10. Usual occupation. BOILER MAKER 11. Industry or business Day P. P. 12. Name. WILLIAM GOGGIN 13. Birthplace VIRGINIA 15. Birthplace VIRGINIA 16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MARYLAND 17. Cemetery or crematory. Experimental (dide) (year) 18. Funcal director. Address Cumberland (dide) (year) 19. Address Cumberland (dide) (dide) (year) 19. Address Cumberland (dide) (dide	4. Sex 5	. Color or race	6.(a)Sing	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
6.(c) Name of husband or wife	MALE	WHITE	W	IDOWER	20. DATE OF DEATH APRIL 18	1947., at 7:56P
1. Birth date of deceased (mo., dsy, yr.) MARCH 11, 1877 8. AGE: Years Months Days If less than one day 70 1 7 hrs. min. 9. Birthplace VIRGINIA (Town, county, and state) 10. Usual occupation. BOILER MAKER Due to. 11. industry or business Day D. P. P. Due to. 11. industry or business Day D. P. P. Due to. 11. Birthplace VIRGINIA 12. Name WILLIAM GOGGIN 13. Birthplace VIRGINIA 14. Malden name BURROUGHS, ELIJEN A. (Include presumency within 3 months of geath) 15. Birthplace VIRGINIA 16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MARYLAND 17. (Burlai, cremation, or removal, Which?) 18. Funcal director, Company of the death was due to external causes, fill in the following: 18. Funcal director, Company of the death was due to external causes, fill in the following: 18. Funcal director, Company of the death of the place (where?) 18. Funcal director, Company of the death of the place (where?) 18. Superior of the death was due to external causes, fill in the following: 18. Funcal director, Company of the place (where?) 18. Superior of the death was due to external causes, fill in the following: 18. Funcal director, Company of the place (where?) 18. Superior of the death was due to external causes, fill in the following: 18. Funcal director, Company of the place (where?) 18. Superior of the death was due to external causes, fill in the following: 18. Funcal director, Company of the place (where?) 18. Superior of the death was due to external causes, fill in the following: 18. Funcal director, Company of the place (where?) 18. Superior of the place of the place (where?) 18. Superior of the place of the pla					april 14 19.	159 / 261. / / 15
### BURATION AGE: Years Months Days If less than one day Town, econtry, and state)	7. Birth date of				and that I last saw h. i.m. alive on	her 1 8 19 47
9. Birthplace VIRGINIA 10. Usual occupation BOILER MAKER 11. Industry or business BAD P. P. 12. Name WILLIAM GOGGIN 13. Birthplace VIRGINIA 14. Malden name BURROUGHS, ELIJEN A 15. Birthplace VIRGINIA 16. Informant MEMORIAL HOSPITAL Address CUMBERLAND, MARYLAND 16. Informant MEMORIAL BORDAND Date thereof Proceedings of operations and the cause to which death should be diverged statistically. 16. Informant MEMORIAL HOSPITAL Antiopsy results. PHYSICIAN: Please underline the cause to which death should be diverged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 16. Incertain, or removal, Which?) 17. Cemetery or crematory, France of David Park Location Radio County (City or town) (County) (State) 18. Funeral director (City or town) (Injured at work?) 23. SIGNATURE, Maryland (Injury occur?) 24. Manas of injury (City or town) (County) (State) 18. Funeral director (City or town) (County) (State) 25. SIGNATURE, Maryland (County) (State) 18. Funeral director (City or town) (County) (State)	deceased (mo., dsy, yr.)			and the second s	Immediaio cause of death	DURATION
9. Birthplace	o. Moz.		Days	If less than one day	Desaly yse	Mouro
10. Usual occupation. BOILER MAKER 11. Industry or business BY OF P. 12. Name. WILLIAM GOGGIN. 13. Birthplace VIRGIBIA 14. Malden name. BURROUGHS, ELLIEN A. 15. Birthplace VIRGINIA 16. Informant. MEMORIAL HOSPITAL Address CUMBERLAND, MARYLAND 17. (Burial cremation, or removal. Which?) 18. Funeral director. Address Gumber Godgin Survey Buria Survey Buria Survey Buria Survey Godging of operations. Date thereof Portal Godging of operations. Date thereof Portal Godging of operations. Antopsy results. PHYSICIAN: Please underline the cause to which death should be durged statistically. Accident, suicide, or homicide. Date of op. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manns of injury injured at work? Manns of injury injured at work?		a-ho	7			
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Antopsy results. Antopsy results. PHYSICIAN: Please underline the cause to which death should be drarged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; (Burial, cremation, or removal, Which?) Cemetery or crematory. Location. Toggether and the should be drarged statistically. PHYSICIAN: Please underline the cause to which death should be drarged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Where did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Manns of injury Address Address Antopsy results. PHYSICIAN: Please underline the cause to which death should be drarged statistically. 23. SIGNATURE 24. J.	14. Malden name			odusta dilak iki		1 Chris 11- 6
Address CUMBERLAND, MARYLAND 17. Burial Community Date thereof Paris (Month) (ddy) (year) Commetery or crematory Engree 9 Burial Paris (City or town) Location Toasa (Engree 9 Burial Paris (Mans of Injury Date of Mans of Injury Date of Mans of Injury Date of Mans of Injury Date (where?) Address Careful Address Car	TA TO	MORIAL	HOSPI	TAL	Antopsy results	Lish doubt should be discred statistically
17. Burial cremation, or removal. Which?) Cemetery or crematory. Exergisee 9. Burial Parks Location. To a a a keep of the second Parks Address. Careful director. Address. Careful and the second Parks. Address. Careful director. Address. Careful and the second Parks. 21. If 947 Accident, suicide, or homicide	Address CU	MBERLAN	D. MA	RYLAND		
Cemetery or crematory France Burial Park Location Toopoke Va Injured at home, tarm, industry, public place (where?) Means of injury Address Careful Start Va		,		. 1	22. VIOLENCE: If death was due to external car	
Location Roas of Land Injured at home, farm, industry, public place (where?) 18. Funeral director Address Character Hand Land Land Land Land Land Land Land L	(Burial, cremation, or	removal. Which?) Date the			
18. Funeral director foliage of the stand response of the standard response of the	Cemetery or crematory.	Evergre	24 0	urial Pork	Where did injury occur?(City or town)	(County) (State)
18. Funeral director. Asker Injury Injured at work? Address Characher Fland, response to the control of the co	Location Pogs	note	Va.		injured at home, farm, industry, public place (w	vhere?)
Address Checker Stand regd, 23. SIGNATURE M. D. or other/		111	1.14	1	Means of Injury	Injured at work?
23. SIGNATURE M. D. or other/		0 11	0		160(1	
	Address Ckke	uhiff	and.	inga,	23. SIGNATURE	
(Dans see of ny registrar)	19 April 30) 19 4	7 /	L. Tranklin, M. L. Registra	Address Cumberl	Date signed 4

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cases of death clearly and legibly.



Mr. Graz

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

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CERTIFICATE OF DEATH

Reg. Diat. No. ...

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Barrellsville (If outside city or town limits, write RURAL and give nearest town) Street No				
Male S. Color or race S. (a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH. April 25, 19.47 212:55 P. M				
6.(b) Name of husband or wite. Elizabeth Connor 6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) 13 August 1873	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19				
8. AGE: Years Months Days It less than one day	Manches pressen Facen				
73 8 12hrsmin.					
9. Birthplace Kennells Mills, Penna. (Town, county, and state) 10. Usual occupation Coal Miner 11. Industry or business 12. Name George Gray 13. Birthplace Pennsylvania.	Oue to Man Development of the Conditions.				
14. Maiden name Elizabeth Bloom Pennsylvania. 16. Informant Mrs. Esther Graham	(Include pregnancy within 3 months of death) Major findings of operations				
16. Informant Mrs. Esther Graham Barrellsville, Maryland.	Antopsy results				
Burial Date thereot 28 April 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Methodist Cemetery,	22. VIOLENCE: It death was due to external causes, fill in the tollowing; Accident, suicide, or homicide				
Location Mount Savage, Maryland.	Injured at home, farm, industry, public place (where?)				
Louis Stein, Inc.	Means of Injury (1) Injured at work?				
Address Cumberland, Maryland.	23. SIGNATURE. Store Tlees M. D. or getter M.				
19 (Ofte ree'd by registrar) 19 t / Usanes 17 Nemes	Address Bate signed 4 4014				



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The construction is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

· 2411 N. Charles St., Baltimore 14)

CERT	IFICATE OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pywborn Infants give residence of mother) State
3.(a) FULL NAME	Gronden 3. (b) Social Security Number
Hemale Mute Marses	MEDICAL CERTIFICATION 2D. DATE DF DEATH. 2D. DATE DF DEATH. 2D. DATE DF DEATH.
8. AGE: Years Months Days It less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from years years and wat I last saw here alive on
10. Usual occupation	Due to
12. Name Wesley & State 13. Birthplace 14. Malden name 15. Birthplace 16. Informant 17. Name Wesley & State 18. Informant 18. Informant	Other conditions
Address 17. Burial, cremation, or remoyal, Which?) Cemetery or crematory. Cemetery or crematory. Date thereof. Company of the company of	Where did injury occur?
18. Funeral director arms Stern 9mc Address Combaland	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE
19. April 30, 19 47 J. Franklu	Registrar Address Cumber Land Mag Date signed 4, 29/4



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

DR. TOLSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 181-0

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CERTIFICATE OF DEATH

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Reg.	Diat.	No	 			

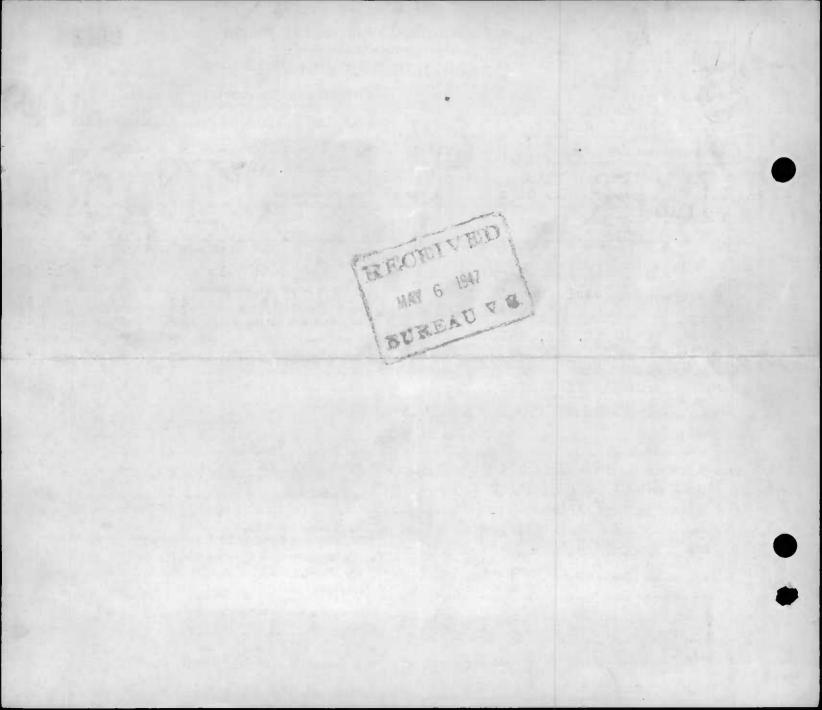
1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
County ALLEGANY			State WEST VIRGINIA	Count	Hampshire		
City or town	CUMBERLAND	1nits, write RI	JRAL and give nearest town)				•••••
			***************************************	City or town GREENSPRI	town limits.	write RURAL and give near	est town)
Hospital, Institution, or	street address where d	eath occurred:		Street No.			
	AL HOSPITA		***************************************		rurat, give L		
How long in hospital or	Institution?	1 DAY	······································	2.(a) If veleran, name war	*****		Y
3. (a) FULL NAME						3. (b) Social Security N	umber
MB	WILLIAM H	ATMES				232-10-	5586
4. Sex	5. Color or race		, married, widowed, or divorced	MEDIC	CAL CE	RTIFICATION	
MALE	WHITE	MARI	RIED	20. DATE OF DEATH APRIL	. 29	19.47	at 3: 40A . 1
6.(b) Name of husband	GER'	TIE GL	AZE	21. I CERTIFY that death occurred on f	the date abov	e stated; that I attended deceas	ed from
6.(b) Name of husband	or wile		Lo	レーレイ	19.0	17 12 4-2	9 1941
7. Birth data of) If alive, give ageyear	and that I last saw h.JJaalive on		-28	19.47
deceased (mo., day, y	.) AUGUST	6 18	88	Immediaic cause of death	1	۱ ۱	DURATION
8. AGE: Years		Days	If less than one day	Immediate cluse of death		1/	5000000
58	8	23	hrs min	Cerebral a	amo	rhage	
WE	ST VIRGINI	A Gre	en Spring	Due to	1 4	14	**********************
	(201111)		tate)	Chamic nep	Juru	is with	
1D. Usual occupation	KOPPERS (CO.	***************************************	Dunia 1000	Len	2ion	
11. Industry or business				Due 10		1	***************************************
	HN HAINES			(1) x x (1)	1820	Voros.	
王 12. Name		OTRITA		Dther conditions			
13. Birthplace	WEST VIR		,	(Include pregnancy	within 3 m	onths of death)	
# 14. Maiden name	SARAH SMI'	TH					
14. Maiden name	WEST VIR	GINIA		Major fiadiogs of operations			
16. Informant	MEMORIAL H	OSPITA:	L	PHYSICIAN: Please underline the	to whi	sh death should be charged at	entiation lly
Address C	UMBERLAND,	MD.					active and
70	4-3		May 2, 1947	22. VIOLENCE: If death was due to			
(Buriai, cremation	, or removal. Which?)	Date there	(month) (day) (year)	Accident, suicide, or homicide	•••••	Date of	
Cemetery or cremato	Forest	Glenn	Cemetery	Whera did Injury occur?(City	or town)	(County)	(State)
			ng. W. Va.	Injured at home, farm, Industry, publi			
			. Kight	Msans of injury	- (0	Injured at work?	A
		rland,		tan	AL X	The state of the s	1/4/
Address	n sumbe	1 Leanu,	0-1-10	23. SIGNATURE TO	WALL	4000	, viviv ·
10 Cyril	30 1947	X.	Prauklin M.	J. 01100 100	· Va	M. D. of	11-29-47
(Date rec'd by re	gistrar) /	//	Kegistra	Address	V V		7221





Postmortem examination revealed child to be male. See letter in Per. file under Brings. 9.6.47 pc. 9/8/47

MAY 3 1947
REAUTED



Within corporate Unit

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00565

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County			đ	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany		
How long in above place Hospital, institution, o	ce of death? or street address where (leath occurred	•••••	City or town Cumberland		
	or Institution?			2.(a) If veteran, name war		
3. (a) FULL NAM		rnest	Stephen Huth		3. (b) Social Security Number	
4. Sax	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL CER	TIFICATION	
Male	White		Married	20. DATE OF DEATH Apr. 1,	18. 47, 21	
7 Birth date of	**************************	6.(onahue Huth	21. I CERTIFY that death occurred on the date above s	stated; that I attended deceased from	
	yr.) Apr. 5	, 186	9 If less than one day	Immediate cause of death	DURATION	
8. AGE: Yea		26	hrsmi	Tuberluloses, plas	de la Marie	
9. Birthplace 1D. Usual occupation 11. Industry or busine	Weston, (Town) Retire Ss Kline F Charles	W. V county, and d urnit F. Hu	a. state) ure Store th	Due to		
	Germa Rose Mon Irela	ahan		(Include pregnancy within 8 mon		
16. Informant Mr	s. Philli		phy Cumberland, Md	PHYSICIAN: Please underline the cause to which	death should he charged statistically.	
11. Bur (Burial, crematic	1al	Oate ther	eot Apr 5, 1947	Accident, suicide, or homicide	Date of	
			Cem.			
			Md.	44 44 44	?)	
18. Funeral director.	Charle	s L.	George			
Address 19. A.A.L.	Cumber	0	Ma. P. Tranklini, M.	23. SIGNATURE halfed	Va Olme M. D. or other Date signed 3 office 47	

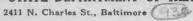


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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



Reg. Diat. No

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
1 1 1	State Tid & County Alleganis
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
How long in above place of death?	Street No. 215 Turkley
218 Fullon St.	(If tural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Charles Taylor	3. (b), Social Security Number Hore
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
male wate married	20. DATE DE DEATH CARL 19 47 at 6:25P.
6.(b) Name of husband or wite. Better H. Holt	21. I CERTIFY that death ocsarred on the date above stated; that I attended decrased from
s (a) If alian nive and Let 4 were	aug 19 43 10 april 15 1947
7. Birth date of deceased (mo., day, yr.) May 15, 1880	Immediate cause of Jeath 19.7
8. AGE: Years Months Oays If less than one day	Hypostance Jacumone
66 67 11 0hrsmin.	The state of the s
9. Birthplace Bonney, thomp shire, W. Va.	Oue to Ag Berlinhor
10. Usual occupation Telling Company	Due to
11. industry or business	Ja griffel.
12. Name UR 13. Birthplace	Other conditions
	(Include pregnancy within 3 months of death) 19 13
14. Maiden name	Major findings of operations.
	Date of op.
18. Informant Types I take	Autopsy results
Address v18 Hoselboy St)	22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which?) Oate thereof (month) (doe) (yeev)	Accident, sulcide, or homicide
Cemetery or crematory. 340-14 Barria Charles	Where did injury occur?
Location Blank eilend Tind.	Injured at home, farm, Industry, public place (where?)
	Msans of Injury Injured at work?
18. Funeral director	of a all of ansign
Address Visit of St. 11: N/ A	23. SIGNATURE M. D. or other
(Ufte red by registrar) 19 47 J. L. Nauklin, M. A. Registrar	Address Cembert and Mosel gred 4/16/4

La particular de la companya del companya del companya de la compa NOREAU + B. DOL SURPL' 3000 In Single 13年7年16年 J. S. J. L. 70 Tetal Kirken Burner C - Chr 18,1747

age

ADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimo

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I C	v	-		43	~	-7	

00567

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
	State Md. County Allegan	<i>I</i>
Cliy or town	Countries of the contri	
How long in above place of death?	(II detailed city of town innies, write a solution and give ne	areat town)
Hospital, institution, or street address where death occurred:	Street No. 343 Bedford St.	
Allegany Hospital	(If rural, give LOCATION)	
How long In hospital or Institation 20 minutes	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
William Izat	1214-01-	3750
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	20. DATE OF DEATH April 6 19.47	12.15/
6.(b) Name of humband or wife arma yann glant	21. I CERTIFY that death occurred on the date above stated; that I altended dece	ased from
7. Birth date of 2 years	19, to	
7. Birth date of	and that t last saw him a Dead April 6	194.
deceased (mo., day, yr.) May 6, 1893 8 ACF: Tears Months Days If less than one day	Immediais cause of death	'DURATION
0. AGE.	Coronary occlusion	at
51 3/ // hrshrs.		once
9. Birthplace Landon My Megany Co. XIA	_ Due 10	
10. Usuat occupation. Sepretty Sheriff	Bue to	
11, Industry or business allegany lav. And.	Duc 10.	
12. Name My Cliff Spier Izat	Other conditions	*
	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of uperations	
∑ 15. Birthplace Schland	Date of op	
16. Informant Paral Francis Lat	Autopsy results	
Address Baltin one Onld.	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
2 . 1	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?), (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Wall Classification	Where did injury occur?	(State)
Location Longe Command Md	Injured at home, farm, Industry, public place (where?)	
18. Funeral director L. Caraldhorn	Mans of injury Hedical Examiner - Alle	iga a
Address & on acoving, Illd	23. SIGNATURE H. V. Deming M. D. // V. S.	· ma
10 april 8 1847 & Ptranklin M.D	23. SIGNATURE IT. V. D.	al al
(Date rec'd by registrar) Registrar	Address Date signed.	7ML 6/4

APR 15 1947

ATRA .

2411 N. Charles St., Baltimore

00568

CERTIFICATE OF DEATH

Reg. Dist. No.

1	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Allegany	State Md. County Allegany
Cily or town Frostburg Md (If outside city of town limits, write RURAL and give nesrest town)	
How long in above place of death??hours	City or town Lonaconing (If outside city or town limits, write RURAL and give nearest town)
Miner's Hospital	street No. 18 Church St.
	(If rural, give LOCATION)
How long in hospitat or institution? 7 hours	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Samuel James	C
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE DF DEATHApril 7 19. 47. 21. 11. 15
6.(b) Name of husband or wife USAIL DIC. Milland Jan	CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Hame of Hospital	19
7. Birth date of	and that I last saw h im all Dead April 7 19 47
deceased (mo., day, yr.) Jan. 31- 1873	Immediais cause of death
8. AGE: Years Months Days If less than one day 74 2 6	Exsanguination 11 Hrs
12	Due to Throat cut with a straight
9. Birinpiace (Town, founty, and state)	razor, wound self inflected
10. Usual occupation to wal & Musker - Retired	razor, wound sell intre-
6 6 0 1	Due toDespondent
11. Industry or business . 2. To that Co.	
12. Name January January	Other conditions
tal tal Birthpiage Walls	(Include pregnancy within 3 months of death)
H 14. Maiden name.	Major findings of operations
S 15. Birthplace	Date of op.
18 Informant & Lelar in Sames	Antopsy results
o m. 1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address much trung Ha	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
Burial, cremation, or removal. Which?) [Burial, cremation, or removal. Which?) [Burial, cremation, or removal. Which?)	Accident, suicide, or homicideSuicide Date of 4-7-1947
(00 h 9/ 11 1 to the	Where did Injury occur? Lonaconing Allegany Md. (City or town) (County)
Cemetery or crematory AL Additional Control Co	(City or town) (County) (State)
Location Tunasimung, Ind	Injured at home, tarm, Industry, public place (where?)
18. Funeral director. M. Constantinum	Means of Injury as above Injured at work? no Deputy Medical Examiner - Allegany
Address Longeoning md	23. SIGNATURE H. V. Deming M.D. H.V. Saming M.D.
47 My Marion Al Rac	M. D. or other
(Date rec'd by registrar)	Address Cumbuland . Had Date signed 4/3 8/34.7

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

MARGIN RESERVED FOR BINDING

APR 14 1947

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PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No.

•	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	For newborn infants give residence of mother)
(If outside city or town limits, write RUHAL and give nearest town)	12-11
How long to above place of death?	(If out) de city or town limits, write) UIAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Co. Dowery XII
16/6/11aun St 52009/1100	(If rural, gire LOCATION)
How long In hospital or institution?	2.(a) tt veteran, name war
3. (a) FULL NAME alfred Patterson	219-01-0337
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white married	20. DATE OF DEATH Speed 8 19 4 7 at 8:56/M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and/bat I last saw have alive on a solution and solution
deceased (mo., day, yr.) Defot 28 1881	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Coronary Thrombons 2 Nou
Ph Dilli	
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation Ansurance agent	
11. Industry or business Quaker Ansurance Co.	Due to
12. Name Leveleure 13. Birthpiace	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name. Les Resours 15. Birthplace	
15. Birthplace	Major findings of operations
alle A I Valuesa	Antopsy results.
16, informant 13417 Cashey Re. Obselend 100hio	PHYSICIAN: Please underline the cause to which death should be charged statistically.
The state of the s	22. VIOLENCE: tt death was due fo external causes, fill to the following:
17 Burial, cremation, or remayal. Which?) (Burial, cremation, or remayal. Which?)	Accident, sutcide, or homicide
Cemetery or crematory Parsons Cefuetery	Where did injury occur?
Location Parsons W. Va. f	Injured at home, farm, Industry, public place (where?)
1 R 6000 st	Meens of injury Injured at wark?
18. Funeral director	mam (O Suk)
Address Trosthurg 12	23. SIGNATURE
19. 4-10 1947 nu . Haung N. Rae	How Fry Astrong Md Other streng 4-9-47

APRIA 1947
BUREAU V S

Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: legibly (For newborn infants give residence of mother) Write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred (If rurai, give LOCATION) information of death cle How long in hospital or institution?. death 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFIC causes BINDING 20. DATE OF DEATH above stated: that I attended deceased from FOR 7. Birth date of deceased (mo., day, yr.) OURATION Months If less than one day Years 8. AGE: RESERVED hrs. d 9. Birthplace 10. Usual occupation. ARGIN 11. Industry or business 13. Birthplace (Include pregnancy within 3 months of dath) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations .. PHYSICIAN: Please underline the cause to which death should be charged statistically. PLAINL is especial 22. VIOLENCE: If death was due to external causes, flii in the following; Accident, suicide, or homicide..... Whers did injury occur?(City or town) RITE (County) (State) Injured at home, farm, Industry, public place (where?) ... Injured at work? Masns of Injury SE Address

LOTE A STATE OF A There Beinglade Tipe Detenden the test to the Elin Red John Johnson O BECUTSO APR 15 1947 .10 BURFA Part College 187 3 Jean Johnson THE STATE OF THE S City Total

MARYLAND STATE DEPARTMENT OF HEALTH



Within corp	orate limits MARYLAND STATE I	DEPARTMENT OF HEALTH	
age	2411 N. Cha	rles St., Baltimore	00571
Winder Correct	CERTIFICA	TE OF DEATH	Reg. Dist. No.
information carefully. The corof death clearly and legibly.	1. PLACE OF DEATH: County	City or town	OF DECEASED: I mother) ounty
on car	How long in hospital or institution?	(If rural fiv	e LOCATION)
ormati	3. (a) FULL NAME		3. (b) Social Security Number
Q 44 83	4. Sex 5/Color or race 6.(a) Single, married, Aidowed, or divorced	MEDICAL C	ERTIFICATION 1947 at 12 au
FOR B	8.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date at 19 and that I last saw h alive on	pore stated; that I attended deceased from
RESERVED GINK. Supplicians: please	9. Birthplace (Town, county, and state)	Due to	7
0 0	10. Usual occupation	Due to	
MARGIN UNFADIN tant. Physi	12. Name 13. Birtholace Currently Let	Other conditions	
WITH U importa	14. Maiden name. Quina & Summos 15. Strthplace Constituted to the	(Include pregnancy within 3	
>	16. Informant Release Willy	Autopsy results	
PLAINLY is especial	Address / Muke Milenes & Mule et al. (1997) 17. (Burlai, cremation, or removal Which) (Burlai, cremation, or removal Which)	22. VIOLENCE: If death was due to external ca	uses, fill in the following;
9.4 SM	Cemetery or crematory Hell Chart Censulary	Where did injury occur?(City or town)	(County) (State)
	18. Funeral director-Callanna The Tagata	Injured at home, farm, industry, public place (Injured at work?
VS A15	19. Obril 11. 19.47 J. F. Franklin, M. Registra	23. SIGNATURE LAS	M. D. or other Bate signed

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APR 15 1947

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DR. ELIASON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159

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RURAL and give nearest town)

(b) Social Security Number

Reg. Dist. No.....

(M)			CERTIFICAT	TE OF DEATH . Reg. Dia			
carefully. The correstly and legibly	How long in above pl Hospilal, Institution, ME	CUMBERL If outside eity or town lives ace of death?	ITAL	Sireet No(If rural, give LOCATION)			
mation	How long in hospital or institution? 4 DAYS 3. (a) FULL NAME			2.(a) If veteran, name war			
NG of informationses of death	BABY		(PREMATURE)	76			
	4. Sex MALE	5. Color or race WHITE	6.(a)Single, married, widowed, or divorced SINGLE (INFANT)	MEDICAL CERTIFICATIO			
R BINDIN ery item o				21. I CERTIFY that deat coccurred on the date above stated; that I atter			
FOR ply eve	7. Birih date of deceased (mo., da	y, yr.) APRIL :	22, 1947 Days if less than one day	and that I last saw h			

47 at 12: 30A M

(Include pregnancy within 3 months of death)

22. VIOLENCE: If death was due to external causes, fill in the following;

(City or town)

Accident, suicide, or homicide.....

Injured at home, farm, Industry, public place (where?)

PHYSICIAN: Please underline the cause to which death should be charged statistically.

MARGIN RESERVED

important.

PLAINLY, V

WRITE

9. Birinplace OAKLAND, MD. GARRETT (Town, county, and state)

PENNSYLVANIA

PENNSYLVANIA

MEMORIAL HOSPITAL

CUMBERLAND. MD.

1D. Usual occupation.....

12. Name LEO P. KEIPER

14. Maiden name MARY NAIR

11. Industry or business

13. Birthplace

15. Birthplace

Msens of Injury

Where did injury occur?

Major findings of operations.....

injured ai work?

(State)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

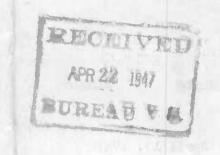
Reg. Dist.	1	0	5	7	3
Reg. Dist.	No.				4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)				
County Allegany	State Maryland County Allegany				
Clly or fown. Cumberland (If outside city or town limits, write RURAL and give nearest town)	Cumbers and				
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)				
Memorial Hospital	Street No. 300 Massachusetts Avenue				
How long in hospital or institution?	2.(a) If veteran, name war				
3. (a) FULL NAME	3. (b) Social Security Number				
Baby Boy Keiter	None				
4. Sex 5. Color or race 6.(a) Single, married, widowad, or divorced	MEDICAL CERTIFICATION				
Male White Single	20. DATE OF DEATH				
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from				
S.(c) If alive, give ageyears	13. 19.47 10 Coger. 13. 19.47				
T Rirth date of	and that I last saw alive on 1947				
deceased (mo., day, yr.) April 13, 1947 8. AGE: Years Months Cays It less than one day	Immediais cause of death				
3hrs3min.	Monstrosity 3hrs				
9. Birthplace Cumberland, Allegany County, Maryland	Oue to				
10. Usual occupation. None					
11. Industry or business	Oue to				
	Other conditions.				
12. Name Ralph Edward Keiter 13. Birthplace USA Virginia					
	(Include pregnancy within 3 months of death)				
14. Malden name Jean Rose Williams 15. Birthplace	Major fiudiugs ol operatiuus				
	Date of op				
16. Informant Mr. Ralph E. Keiter	Autopsy results				
Address 300 Massachusetts Ave.	22. VIOLENCE: if death was due to external causes, fill in the following:				
Burial (Burial, cremation, or removal, Which?) Bate thereof. April 15, 1947. (month) (day) (year)	Accident, suicide, or homicide				
Rose Hill Com	Where did injury occur? (City or town) (County) (State)				
Cemetery or crematory	(City or town) (County) (State)				
Location Cumberland, Md.	Means of injury Injury Injured at work?				
18. Funeral director Louis Stein, Inc.					
Address Cumberland, Md.	23. SIGNATURE CLAYS STITES				
"April 15 47 & P. Nouklin W.A	M. D. or other				
(Days ree'd by registrar)	Address Oate signed 5 47				

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legib

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



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S (A) Name of husband or wife FART, KNTERTEM 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from	CERTIFICAT	E OF DEATH Reg. Dist. No		
City or town		(For newborn infants give residence of mother)		
Hospital, Institution, or street address where death occurred: Memorial Hospital Street No.	CUMBERLAND MARYLAND (If outside city or town limits, write RURAL and give nearest town)			
How long in hospital or instilution? 3. (a) FULL NAME PEARL B. KNIERIEM 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced FEMALE WHITE MARRIED 20. Date DF DEATH APR. 10 14.7. at7:55A 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from	Hospital, Institution, or street address where death occurred:	Street No.		
PEARL B. KNIERIEM 4. Sex 5. Color or race 6.(a) Single. married, widowed, or divorced MEDICAL CERTIFICATION FEMALE WHITE MARRIED 2D. DATE DF DEATH APR. 10 14.7 at 7:55A 20. Date DF DEATH APR. 10 14.7 at 7:55A 21. 1 CERTIFY that death occurred on the dale above stated; that I attended deceased from				
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MEDICAL CERTIFICATION FEMALET WHITE MARRIED 20. DATE DF DEATH APR. 10 14.7 at 7:55A. 20. Date DF DEATH APR. 10 14.7 at 7:55A. 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from	3. (a) FULL NAME	3. (b) Social Security Number		
FEMALET WHITE MARRIED 20. Date of Death APR 10 147 at7:55A 21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from		None		
20. Date of Death		MEDICAL CERTIFICATION		
	FEMALET WHITE MARRIED	20. DATE OF DEATH		
	6.(b) Name of husband or wifeEARLKNIERIEM	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from February 19.47, to Object 10 19.47		
7. Right hate of alive of 19.47.	7. Birth date of	and that I last saw h Agr. alive on 4-10 19.47.		
deceased (mo., day, yr.) 12/22/1892 Immediais cause of death	deceased (mo., day, yr.) 12/22/1892	Immediais cause of death Canada O DURATION		
Menostrage GADUM	o. Adl.			
(Town, county, and atate)		77		
1B. Usual occupation		Due to		
11. Industry or business 11. Industry or business		Condin Hypertroliky ?		
Y In Publisher DA	13. Birtholace PA			
14. Maiden name Belle Valentine Major findings of operations Bale of on All of one All of		Major findings of operations.		
15 Jetornal Mr. Earl Knieriem Autopsy results Subarachinoid Hemontos		Autory results Suborachinoid Henry 1000		
PHYSICIAN: Please underline the cause to which death should be charged statistically.		PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial 22. VIOLENCE: If death was due to external causes, fill in the following:				
(Burial, cremation, or removal. Which?) (Burial, cremation, or removal. Which?) (month) (day) (year) (which is the state of the stat				
Cemetery or crematory Menonite Cem. Whera did Injury occur? (City or town) (County) (State)				
Location Pinto, Md. Injured at home, farm, industry, public place (where?)	200101			
18. Funeral director Charles L. George		means of injury		
Address Cumberland, Md.	Address Cumberland, Md.	23 SIGNATURE AQUELLO OF Person MID		
19. April 11, 19 47 J. L. Dyanklin, M. D. Registrar Registrar Address Cresoptowa, In S. Date signed 4/10/4-	19. April 11, 19 47 J. L. Staukhin M. D.	Capaliface 6 M. D. or other		

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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

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Re	g.	Diat.	No				17	

2411 N. Char	lea St., Baltimore (940)	E TC	
CERTIFICA	TE OF DEATH Reg. Diat. No	0624	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Md. County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 721 Maryland Ave. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war		
3.(a) FULL NAME Harry Samuel Lamm	3. (b) Social Security 705-05-5		
4. Sei 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male white married	20. DATE OF DEATH. April 2 18.4.7	a110.30	
6.(b) Name of husband or wife Pand Handraugh Lamm	21. I CERTIFY that death occurred on the date above stated: that I attended dec		
7. Birth date of	and that I last saw him al Doad Aptil 2	194	
deceased (mo., day, yr.) April 26 1892	Immediais Cause of death		
8. AGE: Years Months Days If less than one day 54	Coronary occlusion		
9. Birthplace Bultimore Muy Sund (Town, county, and state)	. Oue to	****	
10. Usual occupation Supervisor	Due to		
11. Industry or business B+D Roward 5.	Other conditions		
I 13. 8irthplace Mangley I 14. Maiden name Delie McClain	(Include pregnancy within 3 months of death)		
15. 8irthplace Mundant	Major fiediogs of operations. Date of op.		
16. Informant Paul Hinebrugh Lamon Address 721 Monoland are Cumbulant mel	Actors results	d statistically.	
Address 721 Mingland are Cumbuland Myl 17. Mulsoluma - Cryst. (Burial, cremation, or removal, Which?) Date thereof april 5 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide		
Cemetery or crematory Rose Hill Cemetery	Where did Injury occur?	(State)	
Location Community Mr. 18. Funeral director Lorio Stein Suc.	Meens of Injury Injured at work?	годану С	
Address Cumbuland Mrd.	23. SIGNATURE H.V. Deming M.D. // V. A.	or other	
19. (Date/rec'd by registrar)	Address Date signed	april 2-/5	

APR 8 1947

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Uniside,	of pland Where MARYLAND STATE DE	EPARTMENT OF HEALTH	
City Rim	is Palar 2411 N. Charles	es St., Baltimore 93d	
(Me)	CERTIFICAT	TE OF DEATH Reg. Diat. No	
2	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn in ants give residence of mother)	
The ibly	county allegans	0000	
y. J	City or town	Was County County	
full	How long In above place of death? 36 CM2	(If outside city or town limits, write RURAL and give nearest town)	
are	Hospital, Institution, or street address where death occurred:	Street No. (If rural, give LOCATION)	
on colea	How long in hospital or institution?	2.(a) If veteran, name war.	
atic th	3.(a) FULL NAME	3. (b) Social Security Number	=
information carefully. The confident of death clearly and legibly.	Was Caroline Je	wis Mone	
	Sex 5. Color or race 6.(α) Single, married wildowed, or divorced	MEDICAL CERTIFICATION	
BINDING Ty item of the causes	male while widowld	20. DATE OF DEATH A 19 47 . 19 19 30 A	M
INDIN	8.(b) Name of husband or wife. Edword Jewes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	6 (a) Id allies also associated	February 4 (0 19 10 (ffres 5) 4 /18	
FOR y eve	7. Sirth date of deceased (mo., day, yr.) A = 14 1865	and that I last saw help alive on 18.	
) F	8. AGE: Years Months Days If less than one day	Immediair cruse of death DURATION	
RGIN RESERVED FOR ADING INK. Supply ever Physicians: please write	81 3 19hrsmin.	from the forestiles	***
ER.	9. Birthplace England	Due to	
ESEI INK. ins: p	(Town, punty, and state)	dufarinties desc	
N.G.	10. Usual occupation	Due to.	
MARGIN NFADIN nt. Physi	11. Industry or business		****
and Ear.	12. Name & Alward Harricon 13. Birthplace English	Other conditions	
D R	S 13. Birthplace	(Include pregnancy within 3 months of death)	-
I)HILL Import	14. Maiden name Landon Aukogun.	Major findings of operations	
	₹ 15. 8irthplace	Date of op	
H. H.	18. Informant Miles College Williams	Astopsy results	**
AINLY, especially	Address \$30 Kell are - Charle lild.	22. VIOLENCE: If death was due to external causes, fill in the following:	
PLAI s esp	17 Burial Date thereof Epr 6, 1947	Accident, suicide, or homicide	
is is	(Burial, cremation, or removale Which?)	Where did injury occur?	
FITH	Cemetery or crematory	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)	
9.45 WRIT	Location Location	Msans of tnjury Daive Where there?	
C-3	18. Funeral director	13/1/1/1/1	
All	Address Circles Con	23. SIGNATURE MA	
VS A15	albril 6 1047 & P. Tranklin M. A	M. D. er other	1
	(Vyte ree'd by registrar)	Address for Signed Date signed	ガ

When therefore theres Benefit John Start E red & p-14 1865 SUPPATION S

Reg. Diat. No ...

2. USUAL RESIDENCE (HOME) OF DECEASED: flown limits, write RURAL and give nearest (wwn) (If rural, give LOCATION) 3. (b) Social Security Number DURATION (Include pregnancy within & months of death) PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... (County) (State) Injured at home, farm, Industry, public place (where?) Injured at work?

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MARYLAND STATE DEPARTMENT OF HEALTH

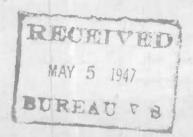
2411 N. Charles St., Baltimore (1916)

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CERTIFICATE OF DEATH

W Diet No. 14

1. PLACE OF DEATH: O A O	2. USUAL RESIDENCE (HOME) OF DECEASED:
County. 2 A Welland	(For newborn infents give residence of mother)
City or town	State County County
	City or town O Collerales U U
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
	Street No.
	(If rurai, give LOCATION)
How long In hospital or institution?	2.(a) If veteran, name war.
George W. Lowery.	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
n. 1 i i to m	
Male White Married	20. DATE OF DEATH
Tille Luman	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife.	4/19 19 +7 10 4/29 19.47
7. Birth date of	and that I last saw h. f. M. alive on
deceased (ma., day, yr.) sept. 12, 1866,	
8. AGE: Years Months Days If less than one day	Immediais cause of death DURATION
80 7 17hrsmin.	VINIMA (ATARIA) - SCHOOLIA 1910.
0.00	
8. Birthplace Hyndman K. W. Fa. (Town, county, and state)	Due to.
() , (Town, county, and board,	
10. Usual occupation	Due to
11. Industry or business	
12 Name John W. Lowery.	Other conditions.
12. Name ohn w. Lowery. 13. Birthplace Pa.	
	(include pregnancy within 3 months of death)
14. Maiden name Les dia Staires 15. Birthplace Pa.	Major findings of operations
15. Birthplace Pa	Date of op.
Aldoul Long	Autopsy resolts.
16. Informant	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Colleiste, 11a.	22. VIOLENCE: If death was due to external causes, till in the tollowing;
[Burial, cremation, or removed, Which] Date thereof May 7, 1947 (month) (day) (year)	
(Burial, cremetion, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremany Corta Theels	Where did Injury occur?
I make the R. D. Pa.	Injured at home, farm, Industry, public place (where?)
Location American	Means of Ipjury / Injured at work?
18. Funeral director & tawers O. T. elgles	
Address Aundman ()	Article for so. h.
74. 7 9 90 11:11	23. SIGNATURE M. D. or other
19. May (Date ree'd) registror) 19. Control of the second	+ 1/30/47
(Date ree'd) y registror) Registrar	Address Oate signed



2411 N. Charles St., Baltimore 932.

0.0580 Reg. Diat. No. /0

CERTIFICATE OF DEATH

1. PLACE OF DEATH: An	2. USUAL RESIDENCE (HOME) OF DECEASED:
()	(For newborn infants pive residence of mother)
County	State Mary County Ullegary
City or town	Stated County
	(11 out 1) City or town (11 out 1) e city or town limits, we le RURAL and (1ve nearest town)
ow long In above place of death?	(lifoutife city or town limits, while RURAL and live nearest own)
lospital, institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
	2.(a) If veteran, name war
ow long in hospital or Institution?	Z.(a) II veteram, name war
B.(a) FULL NAME	3. (b) Social Security Number
Moses Elmer L	owery, may 01
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION
nale white widower	20. DATE DF DEATH april 1915 1947 216:25 P.
2000	
(b) Name of husband or wife many area Lowery	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	april 12 19 4.7 10 april 19 47
Birth date of 6.(c) If alive, give ageye	and that f last saw h im alive on april 19 19 47
deceased (mo., day, yr.) (Clother 2, 1865	
B. AGE: Years Months Days If fess than one day	Immediate cause of death Duration
. AGE:	Myocarous. Lewis
X 6 1hrsm	nin. Moretha
Bass	740 0 0 0
Birthpiace Denney transcriptiones	Due to Offices The Contract
a(Town, county and state)	Brownist ashwa
Usual occupation relief laborary	Oue to
Industry or business mickuard	oue (c.
12. Name Cluthony Lowery	Other conditions Chrome Poroughod
13. Birthplace (Pennsylvanie)	archura.
	(Include pregnancy within 3 months of death)
14. Maiden name Smathy Decken 15. Birthpiace Pennsylvania	
15. Birthgiace Pennsulvania	Major findings of operations.
115. Birinpiace	Date of op.
16. Informant Walter Lowelly	Antopsy results
TI FIP.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Washington D.	as THOUTHOU If do the was due to extend causes dill in the following:
17 Burial Date Verent april 23 - 4:	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
m + led la plane	Where did injury occur?
Cemetery or crematory	Where did Injury occur?
my Summer md. T	Injured at home, farm, Industry, public place (where?)
Location	
18. Funeral director. A. K. Kourst	Maans of injury Injured at work?
12. 11. 7.1	1.0
Address Trostfurg Md.	- 23 SIGNATURE William E. Mureley M. D
21 22 47/ · mch	M. D. oz-sther
19 Upr, La 19 Uronia III Nemill	TAT Address Mi Savage Wed. Bala signed 4/20.194
(Date hear'd by negistran) Registr	Car II Address Pain cigned

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St.,

	- Commence of
Baltimore	(160 a

On J. Brings alle 9-40587 Rog. Diat. No.

CERTIFICATE OF DEATH

HV								
1)8/	1. PLACE OF DEA	TH:			2. USUAL RESIDENCE (H	OME) OF DECEASE	D:	
1	County			(For newborn infents give residence of mother) State County County				
10	City or town(If or		1	and	State	County	Courter.	
	TY.		3	and give nearest town)	City or town (If outside city o	helm	AT and aire no	arast town)
a fe	How long in above place of Hospital, institution, or	of death?	death occurred:				TI and Rive ne	micot wwii)
are	hospital, institution, of	Desann 1	ospital		Street No. 948 mm	Hural, give LOCATION)		
n c	How long in hospital or	08	Le Danie	***************************************	2.(a) If veteran, name war			
information carefull of death clearly and			1		2.(0) Peseran, name na			
ma	3. (a) FULL NAME	CI	6	0.0	m.	3. (0) 50	ocial Security	Number
dor		3 M	non 1	werca	Mason		House	
inf	4. Sei	5. Color or race	0 .	d, widowed, or divorced	MED	ICAL CERTIFIC	ATION	
of	H	W	Sin	ale	20, DATE OF DEATH A CA	noil	.47	12:02 A
every item of ite the causes				0			13	
ite e c	6.(b) Name of husband	or wife	***************************************		21. I CERTIFY that death occurred o	19		
th		444400000000000000000000000000000000000		e, give ageye	200	,	1-	47
K. Supply eve : please write	T. Birth date of deceased (mo., dey, yr	m. 1			and that I last saw halive	on		19
oly wr	8. AGE: Years	Months		ss than one day	Immediate cause of death			OURATION
app se	o. Aut.		11		Instru	m.		50
Silea	-	1	1	hrsm	here	alion.		2 das
INK.	9. Birthpiace	healast.	Clegan Cr	Mangand	Due to	- Language	¥4400000000000000000000000000000000000	
I Su		None	, eounty, and state)				*******************	
cia	10. Usual occupation		***************************************		Oue 10			***
Physicians	11. Industry or business							*** ***********************************
ant. Physicia	₩ 12. Name W	Ilum Ro	lind Myson		Other conditions	L &		
ب	13. Birthplace	Cumberl	and mid.					
important.		Man al	Hamilton		(Include pregnon	ney within 8 months of dea	th)	
impor	14. Maiden name	. 0		***************************************	Major fiedings of operations		•••••	***************************************
imi	≥ 15. 8irthplace	umberla				0	ate of op	
. >	16. Informant W	llim Ro	and Musson	~	Aotopsy results			
especial		C. brahada	ha		PHYSICIAN: Please underline the	e caose to which death she	uld be charged	statistically.
pec	Address Wm	monum.	0	mil 4 1947	22. VIOLENCE: If death was due to	to external causes, till in the	following;	
s espe	(Burial, cremation,	or remove! Which	Date thereot	(month) (day) (year)	Accident, suicide, or homicide		Date of	
a prod		Or m	my's Ceme		Where did injury occur?(Ci		County)	(State)
1	Cemetery or cremator	, ,	400	<i>d</i>				(State)
1	Location	husbard	· m.		Injured at home, tarm, Industry, pu			***********************
	In Family district	Lauria S	Sterin da	v.	Means of Injury	inju	red at work?	
	18. Funeral director	. A O	1 100			1 111	11	7
	Address	emberla	M IN	- 11 5	23. SIGNATURE	allen	~ M	//
	1. (lbs. V	3, 1947	X. P. N	anklin, M.	N. P	D.	M. D.	or other
	19.00		/ Ni!	Registr	BT Address JG Wear	~ 0/	Date signed.	4-2-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.

00 /	1. PLACE OF DEATH: (100	2. USUAL RESIDENCE (HOME) OF DECEASED:
he	County Cillegary	(For newborn infants give residence of mother) State Marulaud County Allegany
Eg.	City or town (If outside city or town limits, write RURAL and give nearest town)	State Dary aug County allegacy
carefully.		(If outside city or town limits, write KURAL and give nearest town)
ar	How long in above place of death?	
are	allegarer auty Infirmary	Streel No
on care clearly	How long in hospital or institution? 2 years	2.(a) If veteran, name war
100	3. (a) FULL NAME	
informati of death	Priscilla Matheas	3. (b) Social Security Number
of of	4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
i je	malo White Single	
using	emale while things	20. DATE OF DEATH 1947 at 11 = P. M
r item	6.(b) Name of husband or wifa.	21. I CERTIFY that death occurred on the date above stated; that I at Dended deceased from
th	6.(c) If alive, give ageyears	and that I last saw h. ev. alive on Reges . 22 1947
ev	7. Birth date of deceased (mo., day, yr.) Moulember 9, 1861	
Supply ease wr	8. AGE: Years Months Days If less than one day	Immediai cause of death Dugation 3 has.
Supl	85 5 14hrsmin.	
-	11/1/2/2/	Bue la Chronice myocarditis 10 423
ADING INK. Physicians: pl	9. Birthpiace	Due to Cooke Luga Caractery 10 400
IN		
ic.	10. Usual occupation	Due to deutling
DIT	11. Industry or business	
AP	12. Name Malheas 13. Birthplace Walls	Diher conditions
it N	3. Birtholace Wales	(Include pregnancy within 3 months of death)
VITH UNI		(Include pregnancy within 3 months of death)
LHI	14. Maiden name Gathleine Homes 15. Birthplace	Major findings of operations
WI.	🗵 15. Birthplace	Date of op.
15.	16. informant Mrs Stanley hidester	Autopsy results
ial	Address Frostherg Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, s especially	0 - 0 11 () 1 . 0 ~ 1117	22. VIOLENCE: If death was due to external causes, fill in the following:
LA	(Borial, cremation, or remoyal, Which?)	Accident, sulcide, or homicide
E is	Genetery or crematory. allegaus Emelery	Where did Injury occur?
Ē	and I have	
[K]	Location Tostfring Ild	Injured at home, farm, industry, public place (where?)
53	18. Funeral director	Means of injury Injured at work?
SE SE	1 A A M	11/1/10 = 217
LEA	Address Hostriera / Ca.	23. SIGNATURE VITTURE T. Joues h. A.
PL	19/16ril 25 19 47 V. P. Maukhin, M.	Address 110 S. Centre St. Bale signed 4-26-47
	19 (Dyle rec'd by registrar) Registrar	Address (10 D. Centre 27. Dale signed 4-26-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/-0

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CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland Allegany
City or town Cumberland, Maryland (If outside etty or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 411 Franklin Street
Memorial Hospital	(If rural, give LOCATION)
How long in hospital or institution? 11 days	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr. Harry McCullough Sr. 4. Sex 5. Color or race 6.(a) Single, marrieu, aldowed, or divorced	None
4. Sex 5. Color or race 6.(a)Single, marrieu, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH. April 27, 18.47, 219300 P
5.(b) Name of husband or wite Mary Jeffried	21. 1 CERTIFY that death occurred on the date above stated: that I attended deceased from
6.(c) It alive, give age 65 year	F-16-194/10 7-27-1947
7. Birth date of deceased (mo., day, yr.) April 5, 1873	and that I last saw bid alive on
8. AGE: Years Months Days It iess than one day	Immediais case of death
74 0 22hrsmin	Jan Carlotte
	Count Aires
9. Birthpiace	Due to.
10. Usual occupation Retired	
11. Industry or business Furniture Store	Due to
E 12. Name	Other conditions.
13. Birthpiace Maryland	
	(Include pregnancy within 3 months of death)
	Majur findings of operations
2 15. Birthpiace Pennsylvania	Date of op.
16. Informant Memorial Hospital	Autupsy results 2000
Address Cumberland, Mary and	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the following:
17. Burial (Burial, cremetion, or removel, Which?) (Burial, cremetion, or removel, Which?) (Burial, cremetion, or removel, Which?)	Accident, suicide, or homicide
Cemetery or crematory Addison Cemetery	Whers did Injury occur?
Location Addison, Chemicalvania	Injured at home, tarm, Industry, public place (where?)
18. Funeral director William H. Kight	Means of Injury Injured at work?
Address Cumberland, Md.	MI A IONO
	23. SIGNATURE M. D. or other
18 (But 30, 19 47 J. Trankling M. A. Registra	Address there of constant Date signed of 19.46

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important, Physicians: please write the causes of death clearly and legibly.

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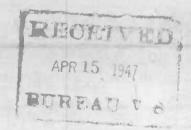
Reg. Dist. No..

USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of mot	her)	
te mac. pouoty.	allega	
y or town. (If outside city or town limits, wi	rite RURAL and give near	reat town)
eet No. 199 B. M. (Ifrurol, give LOC	CATION)	•••••
(a) If veteran, name war		
	3. (b) Social Security 1	
	non	<u> </u>
MEDICAL CER	TIFICATION 747	11/0/
I CERTIFY that death occurred on the date above s	toted: that I attended decea	sed from
19 4 6	apr.	2 1947
d that I last saw harmelive on Of	81/2	1945
mediate cause of death		OURATION)
seute Cardiac		Sudde
10. Ala Mista	dets	(5 mo
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e 10		***************************************
er conditions Permierous	analmee	General
(Include pregnancy within 3 months	ths of death)	-
jor fiediegs of operations		
	Date of op	
topsy resolts	death should be charged a	statistically.
VIOLENCE: If death was due to external causes,	fill in the following;	
cident, suicide, or homicide	Date of	
ere did Injury occur?(City or town)	(County)	(State)
ured at home, farm, industry, public place (where	?)	
ans of injury	Injured at work?	
and me	v/o	- Jan
SIGNATURE	rune) [>///
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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/	Sec.	17

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	,/
Par Dist No	4

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00		./
Reg. Diat.	No	4

1. PLACE OF DEATH: County Allegany	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town	State West Virginia county Morgan	
How long in above place of death?	City or town Slanesville (If outside city or town limits, write RURAL and give near	est town)
Hospital, Institution, or street address where death occurred: Allegany Hospital, Cumberland, Maryland	Street No	7
How long in hospital or institution? 28 days	2.(a) If veteran, name war	
3. (a) FULL NAME Montgomery, Mr. H. A.	3. (b) Social Security I	lumber
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male White Married	2D. DATE DF DEATH	19:15 A M
6.(b) Name of husband or wife Mrs. Catella Montgomery	21. I CERTIFY that death occurred on the date above stated; that I attended docea	1.3
	and that I tast saw h (alive on 4 - 2	19.7
7. Birth date of deceased (mo., day, yr.) 9/26/80	Immediate cause of death	DURATION
8. AGE: Years Months Days If tess than one day	aduoilioni	Greal
66 6 8nrsmin.		yes.
9. Birthplace (Town, county, and state)	Due to	Co
10. Usual occupation. Farmer	Due to	Jean
11. Industry or business	,	
E 12. Hame Joe Mortagnery	Other conditions	***************************************
13. Oirthplace / Puncy Wanes	(Include pregnancy within 3 months of death)	
14. Maiden name	Major findings of operations elluouhing, to	ingreme
15. Birthplace Pennsy Wama	of esyst frat Date of op. 3	-26-47
16. Informant Mrs Callla Mongoghery	Autopsy results	tatistically.
Address Slanesville W. Va.	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. (Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	
Cometery or crematory Noland Sesse	Where did injury occur? (City or town) (County)	(State)
Location near Levels, W. Va.	Injured at home, farm, industry, public place (where?)	******************************
18. Funeral director W. M. Ree	Means of Injury Injured at work?	2
Address Quausta W. Va.	6 Rhines M	1)
Abril 6 147 OP Toull Man	23. SIGNATURE M. D. o	r other
(Date rec'd by registrar)	Address 59 Neene 81 Bate signed.	4-4-47

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 29

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Reg. Diat. No ...

1. PLACE OF DEACH NY County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND State WESTERNPORT City or town (If outside city or town limits, write RURAL and give nearest town) Street No.
MEMORIAL HOSPITAL	(If rurat, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MRS. WILBHELMINIA NELAN	More
4. Sex 5. Color or race S.(a)Single, married, widowed, or divorced WIDOWED	MEDICAL CERTIFICATION APRIL 25,1947 12;50 A.M.
6.(b) Name of husband or wife FRED NELAN 6.(c) It alive give age years 7. Birth date of deceased (mo., dny, yr.) NOV. I2 1986	21. I CERTIEV that death occurred on the date above stated: that I attended deceased from 19
8. AGE: Years Months Days If less than one day LT 13	Immedia chase of death DURATION
9. Birthplace	Due to

MARGIN RESERVED FOR BINDING

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Reg.	Diat.	No

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(For newborn infants give residence of m	other)
State Manyland Count	, allegany
	wate RURAL and give nearest town)
Street No. LL S. Ronte 2 (If rural, give L	OCATION)
2.(a) If veleran, name war	
2	3. (b) Social Security Number
rorman	
MEDICAL CE	RTIFICATION
20. DATE OF DEATH CANTEL	5 1947 a 5 A M
21 I CERTIFY that death occurred on the date above	2, 10 Ful S 1997
and thall last saw h alive on	
Immediais capse of death.	DURATION
bues	7 7 year
Due to	
Due to	
	<i></i>
Dther conditions	
(Include pregnancy within 3 me	onths of death)
Major findings of operations	
	Date of op.
Autopsy results	ch death should be charged statistically.
22. VIOLENCE: If death was due to external cause	
Accident, suicide, or homicide	
Where did injury occur?(City or town)	
(City or town) Injured at home, farm, industry, public place (whe	
Means of Injury	injured at work?
1	(4.)
23. SIGNATURE	mys MD
Address S. Green	M. D. or other
Address Dy Men	eO/1 Date signed 4-6-47

CERTIFICAT	TE OF DEATH Reg. D
County Party	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Eglor or rape 6.(a) Single, married, widowed, or divorced Female White married 6.(b) Name of husband or wife Prehase S	MEDICAL CERTIFICA 20. DATE OF DEATH
T. Birth date of deceased (mo., day, yr.) OA 5 1903 8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace	and thal I last saw h alive on Minmedia. cause of death. Due to.
11. Industry or business 12. Name Power Power 13. Birthplace West Va 14. Malden name Florence Mindler 15. Birthplace West . Va 16. Informant Reduct & Norman	Dither conditions
Address Remains Md. 1T. Location Date thereof Opid 8 1947 (Burial, cremator, or removal, Which) (month) (day) (year) Cemetery or crematory Dier Cemetery Location Remains Md. 16. Funeral director data was Station of the state of the sta	22. VIOLENCE: If death was due to external causes, fill in the for Accident, suicide, or homicide
18. (Date rec' by registrar) 19. Registrar	23. SIGNATURE SP Guene Oi

APR 9 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157mv

CERTIFICATE OF DEATH

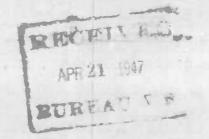
			-
	Dist.		-
Reg	Dist	No	6

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland county Allegany
City or town	
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) II veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Infant Norrington	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH April 15, 1947 21 9:30
6,(b) Name of husband or wife	21. I CERTJFY that death occurred on the date above stated; that I attended deceased from
	april 14 1947 10 april 13 194
7. Birth date of	and that I last saw h. allve on afric 194
deceased (mo., day, yr.) April 14, 1947 8 ACF: Years Months Days If less than one day	Immediate cause of death
O. AGE.	mul formed
9. Birthplace McCoole, Allegany, Md. (Town, county, and atate)	Due to
1D. Usual occupation	Due to.
11. Industry or business	Photo conditions honorm amputated.
12. Name Charles Andrew Norrington Keyser, W. Va.	Dillet Collections
Keyser, W. Va.	(include pregnancy within 3 months of eath)
14. Malden name Reva Elizabeth Miers 15. Birthplace McCoole, Md. Charles A. Norrington	Major findings of aperations.
15. Birthplace McCoole, Md.	Date of on
16. Informant Charles A. Norrington	Autonsy results.
DOWN D. WOMEN W. W.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) Date thereof 4-16-47 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Lucenspoint	Whers did injury occur?
Location Keyser, WaVa.	Injured at home, farm, Industry, public place (where?)
18. Funeral director N.H. HORETS	- 0 · G ×
Address Keyser, W. Va.	El Courser M.D
Co. Can And And O Man	23. SIGNATURE
(Doe rec'd by registrar) Registra	Address / Reyser W. Vq Date signed 4/15/4

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In

WRITE

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: Ollegaers	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	City or town (If syriside city or town timits, write RUPAL and give nearest town)
How long in above place of death?	Sireel No
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME Maude Goodrich	Norres 3. (b) Social Security Number
Finale White Married, widowed, or divorced Temale White Married,	MEDICAL CERTIFICATION 20. DATE OF DEATH
6,(b) Name of husband or wife Exect Dovris 6,(c) If alive, give age 57, years	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	and/hat I last saw htt. K. alive on
86 9 11	Carcinoma of lives with assites 142.
10. Usual occupation	Due to
11. Industry or business Money 12. Name Lordy Loodrich 13. Birthplace Maryland	Other conditions
13. Birthplace Transland 14. Malden name Berthal Porter 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations. Analysis of Live 1
15. Birthplace maryland 16. Informant Crosest Devices	Autopsy results.
Address M. Davage Md. 17. Burial Dat Mercot apr. 23 47	PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following:
(Buriel, cremation, or regional, Which?) Cemetery or crematory	Accident, suicide, or homicide
Location MAL Daufage Md (18. Funeral director	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address Trotathery md.	23. SIGNATURE ALL ALLEUM M. D. or other
19. (Date rec'd by registrar) Registrar	Address Troslowing, M. Date signed 4/22/47.

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APR 24 1947

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DR. TOLSON

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 13/-0.

CERTIFICATE OF DEATH

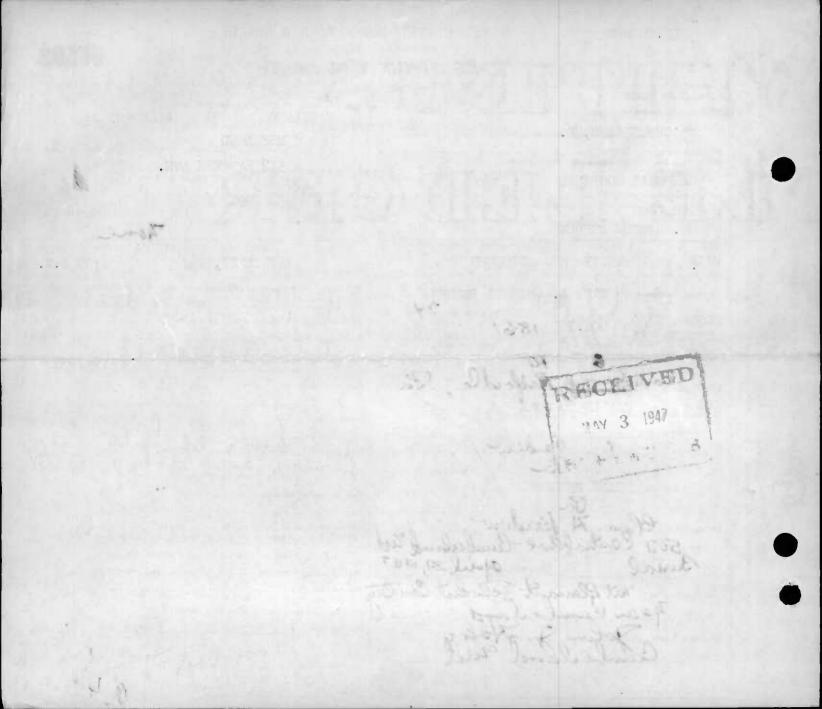
U0592

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infanta give residence of mother) State MARYLAND County ALLEGANY
City or town	
How long In above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No
MEMORIAL HOSPITAL	(If rural, give LOCATION)
How long in hospital or institution?	2.(α) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
MR. LAWSON PERDEW	Thous.
4. Sex 5. Cotor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
MALE WHITE WIDOWED	20. DATE OF DEATH APRIL 27, 1947 19 1; 30, A.M. M
6.(b) Name of husband or wifeMARYA(DIEHL) PERDEW	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
7. Birth date of ()CT, T7 / Set /	1947 to 4-27- 194
7. Birth date of deceased (mo., dsy, yr.) OCT. I7 18-6/	and that I last saw h. M. alive on 19.1
Geceased (mo., us), jii)	Immediair cause for death DURATION
85	arterioseletosis
	In
9. Birthplace Marcu Jawoship Bestond Pat	Due to
UNABLE TO WORK	
10. Usual occupation.	Due to
11. Industry or business	
12. Name. ? Perder	Ditter conditions Chrom Typumis 1
13. Birthplace	Benjan hypertrophy prostall
H 14. Maiden name SUSAN PERDEW	theidde pregnancy within 3 months of deati)
14. Maiden nameSUSAN. PERDEW	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant Class A Peracut	Antopsy results.
Address 507 Centralane - Cumberland ty	PHYSICIAN: Please underline the cause to which death should be charged statistically.
A . 0 al : 1 =0 1011	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory but Pleasant Methodist Cement	Where did Injury occur?
	Injured at home, farm, industry, public place (where?)
Location Jean Chandle Laget	Means of injury Means of injury A injured a mork?
18. Funeral director	means of injury
Address Charles and The	Hand of the wall
Milad " O O taillim	23. SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registr	ar Address Climberland hu Date signed H-29-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consessis especially important. Physicians: please write the causes of death clearly and legibly.

VS A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. I new is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-

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CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
How long in hospitat or institution?	2.(a) It veteran, name war			
3. (a) FULL NAME William albert Ptu	3. (b) Social Security Number			
nale Mite Married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. Afril 76 19.47 21 7	50 P		
8,(b) Name of husband or wife Carrie Brisley. 6.(c) It alive, give age years		19.7.7.		
7. Birth date of deceased (mo., day, yr.) Jan 6 1875	and that I last saw h. Wild alive on	RATION		
8. AGE: Years Months Days If less than one day		55.		
72 3 70hrsmin.				
9. Birthplace 3edford (Town, county, and state)	Due to Carcinoma Dece 6	w		
10. Usual occupation	Diverse de la Constitución de la	3 4 WG		
14. Maiden name Brang & Mahl 15. Birthplace Dermany	(Include pregnancy within 3 months of death) Major findings of operations			
16. Informant Jalian Lulyan	Autopsy results	у		
17. Burial, cremation, or removal, Which?) Date thereol. Apr. 19 47. (Burial, cremation, or removal, Which?)	22. VtOLENCE: It death was due to external causes, till in the toilowing; Accident, suicide, or homicide			
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)			
Location Constructions	Injured at home, farm, Industry, public place (where?)			
18. Funeral director Lynn Stein One	Means of Injury Injured at work?			
Address Irana las also	ABe.	^		
19. April 29 19 47 Joseph O. Donklin Me. (Date ree'd by registrar) Registrar	23. SIGNATURE M. D. or other Address / 2 2 Bas for J St Date signed 4 / 28	3/47		

Centrestand, hed.

MAY 3 1947 BUREAUTB Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: on carefully. The clearly and legibly. (For newborn infants give residence of mother) County Q How long in above place of death?..... Hospital, Institution, or street address where death occurre information cof death clea How long in hospital or institution?.... 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 5. Color or race MEDICAL CERTIFIC FOR BINDING 2D. DATE OF DEATH. 7. Right date of deceased (mo., day, yr.) Months Days if less than one day 8. AGE: MARGIN RESERVED o 12. Name William Pipe (Include pregnancy within 3 months of death) Major findings of operations ... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof. Accident, suicide, or homicide..... Where did Injury occur?(City or town) (State) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Means of Injury 18. Funeral director 23. SIGNATURE Registrar

L. KILLY Can Banks - " Strong 25 & 856 England Com RECEIVEDIL AFR 22 1917 JOSE BURRAU CO. 7.81 11 4.5 Burnerick historial inch tomos Francis

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

MARYLAND STATE	DEPARTMENT OF HEALTH	00595	
2411 N. Ch	arlea St., Baltimore	00000	
CERTIFICA	ATE OF DEATH	Reg. Dist. No.	
1. PLACE OF DEATA:	2. USUAL RESIDENCE (HOM		
County allegant of	(For sewboth plants give resid		
City or town June Justieres	State 24	County etteger any	
How long by above place of death?	City or town	m limits, write RURAL and the nearest town	
Hospital, institution, of street address there south occurred:	17 /	1 2 2 2 3 ·	
Bold and the state of the	ireet No. (If rur	al, give LOCATION)	
How long in hospital or Institution?	2.(a) If veteran, name war		
3. (a) FULL NAME	0	3. (b) Social Security Number	
Nobast Ban	hin	214-01-084	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICA	AL CERTIFICATION	
male White Single	20. DATE OF DEATH Copse	1 27 1047 35	
- Too		date above stated; that I attended deceased from	
6,(b) Name of husband or wife	agril 25	19 47 10 april 27 1947	
7. Birth date of	and that I last saw h	april 26 194)	
deceased (mo., day, yr.) /an 14-1910	Immediate cause of death	DURATION	
8. AGE: Years Months Day's If less than one day	Diafstee	Coma 24less	
3/13 /3 hrs.	nin.		
9. Birthplace Jallace (Town, county and atate)	Que to Datetes		
10. Usual occupation Salta	Due to		
11. Industry or business Meyers Inghan			
12. Hame Access	Other conditions		
	(Include pregnoncy w	ithin 3 months of death)	
# 14. Maiden name Odelsky Strong le	Major findings of operations		
14. Maiden name Codeble Shoes le		Date of op	
16. informant De Varance Fellow	Autopsy results		
Address 3. lalma Place Fronthing	HYSICIAN: Please undertine the can	se to which death should he charged statistically.	
13/ · · · · · · · · · · · · · · · · · · ·	22. VIOLENCE: If death was due to ext	ernal causes, fill in the following:	
(Burial, cremetion, or removel. Which?) Date thereof (month) (day) (peor)	Accident, suicide, or homicide		
Cemetery or crematory Topland Continue	Where did injury occur?(City or	town) (County) (State)	
Location Freshman 21		place (where?)	
0-11/02/	Msans of Injury	Injured at work?	
18. Funeral director.	Kill.	Jana Ola Mr. min	
Address Howard Par	23. SIGNATURE	M. D. or other	
19.4-29 1947 All Lavey N. J.	E T-15541	11/20 11/28/1	
(Dote ree'd by registrar)	rar Addressh.	Date signed T	

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MAY 2 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corrise specially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County Allegany City or town. Cumberland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: 17 Elder Street How long in hospital er institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland County Cumberland City or town (If outside city or town limits, write RURAL and give nearest town) 17 Elder Street (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME ALVEY S. RECKLEY	3. (b) Social Security Number None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 23 April 1947 20. DATE OF DEATH
6.(b) Name of husband or wife	21 LCERTIFY that death occurred on the date above stated; that I attended deceased from 19 to 19 and that I last saw h
8. AGE: Years Months Days If less than one day 62 7 14 hrsmin.	Jan
9. Birthplace Allegany County, Maryland. (Town, county, and state) 10. Usual occupation Minister 11. Industry or business Assembly of God Church 12. Name Charles D. Reckley	Oue to branchity carethy
12. Name Charles D. Reckley 13. Birthplace Maryland 14. Maiden name Margaret Raab 15. Birthplace Bermany	(Include pregnancy within 3 months of death) Major findings of operations
Rosetta E. Reckley Address 17 Elder St., Cumberland, Md.	Autopsy results
Burial Date thereof 26 APR 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Hillcrest Bunial Park Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Louis Stein, Inc. Address Cumberland, Maryland. 19. April 25 19. 4 T. J. P. Trauklii, M. S. (Opte rec'd by registrar) Registrar	23. SIGNATURE
(Date rec'd by registrar) Registrar	Address Date signed Date signed

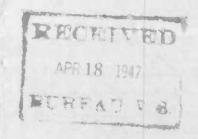
APR 29 1947
BUREAU V 8

MARYLAND STATE DEPARTMENT OF HEALTH

90	2411 N. Charle	ea St., Baltimore 930
rect ag	CERTIFICAT	TE OF DEATH Reg. Diat. No.
H	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For pewborn infants give residence of mother)
7. The collegibly.	City or town (Nontiside city on town limits, write RURAL and give nearest town)	State County of State
and]	How long in show alloce of death? It of use as a	(If outside city or town limits, write RURAL and give negrest town)
caref	Hospital, Institution, or street andress othere death occurred:	Street No. (If rural, give by CATION)
ion	How long in hospital or institution?	2.(a) If veleran, name war
information carefully of death clearly and	3. (a) FULL NAME	3. (b) Social Security Number 220-10-2724
	4. Sex 5. Color or race 6.(a) Single. (married, widowed, or divorced	MEDICAL CERTIFICATION
item of causes	male Colored massier	20. DATE OF DEATH
	8.(b) Name of husband or wife Scale Bush	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from
or ever	7. Birth date of deceased (mo., day, yr.) 2003. 4-1866	and that I last saw h. I.M. alive on 4 18 4
- 5	8. AGE: Years Months Days It less than one day	Immediais cause of death OURATION Ity perfectisors beard diores 1 year
Su pleas		Cirebral humorriage (WR)
INI INI Ins:	8. Birthplace (Toys) county and atate)	Oue 10
0 0	10. Usual occupation	Due to
7 6	12. Name	Cher conditions
MA UNF ant.		(Include pregnancy within 8 months of death)
WITH UNI	14. Malden name 11. Sirthplace 11. Birthplace 11.	Major findings of operations.
lane lane	El 15. Birthplace	Bate of op.
FLY,	Address Consols date on Frestry m	PHYSICIAN: Please underline the cause to which death should be charged statistically.
PLAINLY, se especially	12 Bus al Bate thereof 4 -17-1947	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
IS IS	(Burial, eremation, or pemovaj, Which?) (month) (494) (year)	Whera did injury occur? (City or town) (County) (State)
9.45 WRITE	Location Trest Manage Man	trijured at home, farm, Industry, public place (where?)
(c)	19. Funeral director Que of Conference	Means of Injury Injured at work?
S A15	Address Fronthing Ind.	23. SIGNATURE Holda Jaurleal My
VS	19. 4-16 1947 Mus. Haucy A Registrar	Address Front Very M. D. or other M.

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correct age

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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Reg.	Diat.	No.	T

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Allegany AOl N. Mechanic St. Cumberland Md.	State Md. County Allegany		
City or town 401 N. Mechanic St. Cumberland Md.	City or town Cumberland (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?			
401 North Mechanic St	Street No. 636 Fairview Ave.	******	
How long In hospital or Institution?	2.(a) It veteran, name war		
3. (a) FULL NAME	3. (b) Social Security	Number	
Togonh Augusta Rice	None		
Joseph Augusta Rice 4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	5 h 4	
Male white married	20. DATE OF DEATH April 5 19.47	about	
77 77 20 00 0	21. I CERTIFY that death occurred on the date above stated; that I attended dec		
	19 to		
7. Birth date ot	and that I last saw h im all Dead April 5		
deceased (mo., day, yr.) April 4 1887	Immediate cause of death		
8. AGE: Years Months Days If less than one day			
60 0 1min.	Coronary occlusion	at	
9. Birthplace Cumberland, Allegany Co, Maryland (Town, county, and state)	Due to	- 1 33 - 1	
1D. Usual occupation Auto Lechanic	Due to. Arterio sclerosis	several	
11. Industry or business Automobiles	Due to Arterio scierosis		
Tr. Higgsiy or permore	Other conditions		
12. Name Andrew M. Rice 13. Birthplace Cumberland, Ld.			
E 14. Maiden name Sarah Brant	(Include pregnancy within 3 months of death)		
14. maioen name. Cumberland, Md.	Major findings of operations		
	Date of op		
16. Informant Edwin Rice	Autopsy results		
Address 636 Fairview Ave, Cumberland, Md.	22. VIOLENCE: If death was due to external causes, till in the following:		
17. Burial Dale thereot 4/8/47. (month) (day) (year)	Accident, sulcide, or homicide		
Cemetery or crematory Hill Crest Cemetery	Where did Injury occur?		
	(City or town) (County) Injured at home, tarm, industry, public place (where?)		
Location Cumberland, Md.	Magne of Injury Injured 21 work?		
18. Funeral director William H. Kight	Deputy Medical Examiner - Alle	gany O	
Address Cumberland, Md.	as SIGNAY HOLD . W. V. Deming M.D. H.V. Su	ning 29. D.	
19 April 8, 19 47 & Franklin M. D.	M. D.	or other	
(Date rec'd by registrar) Registrar	Addres Cumberland, 2nd Date signed	4-5/47	



MARYLAND STATE DEPARTMENT OF HEALTH (46 16)

411	PAT .	Charles	92	Raltimore	
411	N.	Charles	Dt.,	Baltimore	

CERTIFICATE OF DEATH

			-
			/
0	Dist	Blo	40

	rlea St., Baltimore 46 A	
CERTIFICA	TE OF DEATH Rog. Diat. No.	
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
Elizabeth Riggleman	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE DE DEATH	
6,6) Name of husband or wife Bernerd Riggleman	21 ACERTIFY that death occurred on the date above stated; that I attended deceased from	
7. Birth date of deceased (mo., day, yr.) July 20, 1888	and that last saw h alive on after 18 19	
8. AGE: Years Months Days If less than one day 58 8 29hrs	Calesons of the Someth / yeu	
9. Birthplace Sandy Hook, Allecany, Md.	Due to.	
10. Usual occupation Domestic	Due to	
ti. Industry or Business Own home Henry Norris		
Henry Norris Hagerstown, Maryland	Other conditions	
## 14. Maiden name Sarah Martin	(Include pregnancy within 3 months of death)	
ts. Birthplace Connelsville, Penna	Major findings of operations	
16. Informant Rernard Rigoleman	Antoney results	
Address Franklin, Ind	PHYSICIAN: Please underline the cause to which death should be charged statistically	
17. Purial Date thereof April 22 194 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	
Cemetery or cramatory Philos emetery	Whers did injury occur?	
Location Wes ernport, Maryland	Injured at home, farm, industry, public place (where?)	
18. Funeral director Ellsworth S. Boal	Msans of Injury Injured at work?	
Address Vesternport, haryland	23. SIGNATURE Lace SHELL Treat to my	
" aprilar " 47 Maron Wa Ber Mi	Address Aceleury Cuy Date signed 2/ X	

MARGIN RESERVED FOR BINDING

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AFR 23 1947

PLEASE

VS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (6)

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
Samuel Rogane	213-22-3890
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH April 19 19 47 at 7. 40 Am
6.(b) Name of husband or wife Frances Rogano 6.(c) If allive, give age 52 years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended discessed from 19
deceased (mo., day, yr.) August 8, 1888	Immediais cause of death
8. AGE: Years Months Days tf less than one day 58 8 10	Coronary occlusion about
Chi.	10 Min.
9. Birthplace	Due to
1D. Usual occupation. Janitor	Due to
11. Industry or business Ce lanese Plant	
12. Name unknown 13. Birthplace unknown	Other conditions Diabetes mellitis
	(Include pregnancy within 3 months of death)
14. Maiden name unknown 15. Birthplace unknown	Major findings of operations
15. Birthplace unknown	Date of op.
16. Informant Mrs. Rosie Fabbri,	Antopsy results
Address Eckhart Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Date thereof April 22 194 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
cemetery or crematory St. Michael's Cemtery,	Where did injury occur?
Location Frostburg, Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director J. R. Durst.	Msans of Injury Deputy Medical Examiner - Allegany O
Address / Frostburg, Md 4 611	23. SIGNATURE. H. A. V. Deming. M. D. H. V. Deming. M. D. M. D. or other
19. (Date fee'd by regisfrar) 19. (Registrar)	Address Cumbuland Md Date signed 4/19/47



reflective community of the community of

Within corporate limits

ADING INK. Supply every item of information carefully. Ine correctage Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNF is especially important.

BINDING

MARGIN RESERVED FOR

VVS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

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CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State Maryland County Allegany City or fown. Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 449 N. Centre St. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH Apr. 9, 18 47 at 6P.
8.(6) Name of husband or wife Frank H. Schwalm 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) Nov. 15, 1912 8. AGE: Years Months Days it less than one day 34 4 24 hrs. min. 9. Birthplace Cumberland Md (Town, county, and atate) 10. Usual occupation Garment Factory	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.47, to 19.47 and that I last saw h
11. Industry or business 12. Name	Other conditions. (Include pregnancy within 3 months of death) Major findings of operations. Date of op. Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 449 N. Centre St. Cumberland, Md. Burial Date thereof Apr. 12, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory Zion Memorial Burial Park Location Cumberland, Md. 18. Funeral director. Charles L. George Address Cumberland, Md. 19. Address Cumberland, Md.	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide

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APR 15 1947

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DR. R. WILLIAMS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

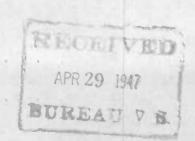
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454	CERTIFICATE	OF	DEATH
	11 2	TICTIAL	DECIDENCE (LIO)

		/+S+ CERTIFICAT	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DEA	ATH:		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of m	DECEASED:
City or town(If o) ts, write RURAL and give nearest town) Days	State West Virginia County Mineral City or town Ridgeley (If outside city or town limits, write RURAL and give nearest town)	
MI	MORIAL HO	DSPITAL DAYS	Street No. 10 Potomac S (If rural, give I	LOCATION)
3. (a) FULL NAME				3. (b) Social Security Number None
4. Sex	5. Color or race	6.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION
FEMALE	WHITE	MARRIED	20. DATE OF DEATH APRIL 20.	19.47, at 9:00P M
6.(b) Name of husband 7. Birth date of		ES E SHEPHERS	21. I CERTIFY that heath occurred on the date abov	1/10 21 VD19 47
deceased (mo., day, y 8. AGE: Years	r.) JANUAI	RY 15, 1889 Days tt less than one day	Immediair cause of death	DURATION
9. Birthplace	VEST VIRG	INIA Great Cacapon	Due to.	3. D. L.
10. Usual occupation 11. Industry or business		VIFE	Due to	
	DANIEL S	PINBAUGH Cacapon, W. Va.	Diher conditions Charles Conditions Charles Ch	Hamottorot-
		NA YOUNGBLOOD Cacapon, W. Va.	Major findings of operations.	rono
16. InformantMJ		DSPITAL MARYLAND	PHYSICIAN: Please underline the cause to whi	ich death should he charged statistically.
17(Burial, cremation	Burial, or removal, Which?)	Date thereof 4/23/47 (month) (day) (year)	22. VIOLENCE: If death was due to external caus Accident, suicide, or homicide	Date of
		Hill Cemetery	Where did injury occur?(City or town)	
	Cumber		Injured at home, farm, Industry, public place (wh Msans of Injury	tnjured at work?
		n H. Kight	911	80,
19. Abril. Dati rec'd by re	2 5 1/2	00-111	23. SIGNATURE Address Dessel	M. Horoston

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING VS A15



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MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- 1	100	16	6-4	g

CERTIFICATE OF DEATH

Reg. Dist. No. ...

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
Cumbanland	Siale Pennsylvania County Bedford	
Cumberland (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	City or town Rural Artemus. Pa. (If outside city or town limits, write RURAL and give nearest	
Hospital, Institution, or street address where death occurred:	Sireet No. R.D. Artemus,	
Allegany County Infirmary	(If rural, give LOCATION)	V
How long In hospital or Institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Securit	y Number
Edna Roxy Shipley	None	
4. Sex 5. Color or race 6.(4) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Married	20. DATE OF DEATH	5:20E
6.(b) Namo of husband or wifeRoyCShipley	21. I CERTIFY that death occurred on the date above stated; that	
	Jan. 15 1947 10 1/21.	24 1947
7. Birth date of	and that Last saw halive on	19
deceased (mo., day, yr.) Jan. 1, 1893	Immediair sause of pleath	DURATION
8. AGE: Years Months Days If less than one day	Cerebral un scular accident	3 days
54 3 23hrsmin.		
9. Birinplace Chaneysville, Pa. (Town, county, and state)	Due to Catrio - selesofie renal	
1D. Usual occupation Housewife	disease	3 723
	Due to	
11. Industry or business		
E 12. Name Henry C. O'Neal 13. Birthplace Penna	Other conditions	****
	(Include pregnancy within 3 months of death)	
Emma Leasure	Major findings of operations.	
15. Birthplace Penna.	Date of op	
16. Informant Mr. Roy C. Shipley	Aotopsy results.	
	PHYSICIAN: Please underline the caose to which death should be charg	ed statistically.
Address R.D. Artemus, Penna.	22. VIOLENCE: It death was due to external causes, till in the toilowing;	
17. Burial Dale thereot Apr. 27, 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide Dato of	
Cemelery or cremalory Mt. Zion Cem.	Where did Injury occur?	(State)
Location Near Chaneysville, Pa.	Injured at home, tarm, Industry, public place (where?)	
18. Funeral director	Means of Injury Injured at work?	/
Address Cumberland, Md.	23 SIGNATURE CANTEUR F. James he	.>.
19. April 26, 1947 & P. Franklin, M. D.	M. J	D. or other
(Date rec'd by registrer)	Address 110 2. Centre 3/t. Date signe	4-Z8-47



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

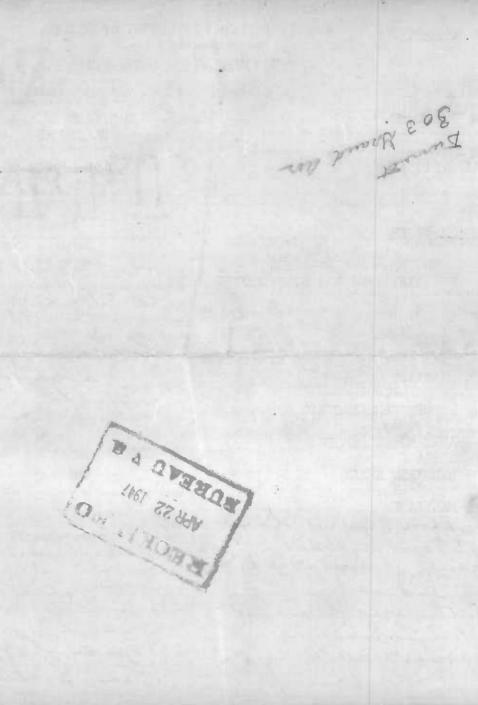
PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

DR. DORRETT	EPARTMENT OF HEALTH on St., Baltimore 00604
. CERTIFICAT	TE OF DEATH Reg. Diat. No.
1. PLACE OF DEATH: ALLEGANY County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
HARRY SISSELBERGER	215-16-579
4. Sex 5. Color or race 8.(a) Single, married, widowed, or diverced MAIE WHITE SEPARATION	MEDICAL CERTIFICATION 20. DATE DE DEATH. APRIL 13,1917. 2450 A.M.
MARY (MEYERS) SISSELBERGER 6.(c) If allve, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19.47 to 1319.44 and that I last saw alive on 19.44 Immedia: 40e of death DURATIDI
8. AGE: Years Months Days If less than one day	Lucephalitis 70
8. Birthplace	Due to
1D. Usual occupation	Due to Dither conditions
MARCIARET RELLY 14. Malden name 15. Birthplace MARYLAND	Major findings of operations
18. Intermant box River Turner of Hamman Address 9246 Rose to Box to Box to Ind 1447 17. Burial, cremation, or removal. Which?) Cemetery or crematory. Large of the Country of	Autopsy results
18. Funeral mestal and med and med 19. Address Prembulant M. A. D. D. D. D. D. D. D. D. Registrar Registrar Registrar	23. SIGNATURE M.D. or other Address Date signed 13/4



es St., Baltimore

TE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

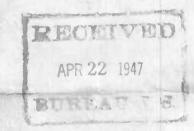
www. Warvland

Reg. Dist. No....

Allegany

n age	2411 N. Ch	
7	CERTIFICA	T/
y. The correct legibly.	1. PLACE OF DEATH: County	
ADING INK. Supply every item of information carefully. The cappiscians: please write the causes of death clearly and legibly.	How long in above place of death? Hospital, Institution, or street address where death occurred: Town Creck Rd. How long in hospital or institution?	
rmati	3. (a) FULL NAME	
of c	Mrs. Goldie Smith 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	_
of i	Temale White Married	
y item he cau	6.(b) Name of husband or wife Stillman Snow Smith	·
y ever	7. Birth date of deceased (mo., day, yr.) June 3, 193 0	ars
oply e w	8. AGE: Years Months Days If less than one day	
Sul	16 10 14hrs.	nin.
NFADING INK.	9. Birthplace	
E .	11. Industry or business 12. Name Persey Smith 13. Birthplace	
WHA UN	14. Malden nam Ansettha Susan Grazelrua 15. Birthplace 16. Sirthplace	1
CAINLY, vespecially	16. Informant Burry Smith Address Flintstone Po. Ind	,
WRITE PLAINL	17. British (Burial, cremation, or removal. Which?) Cemetery or crematory. Wilson Farm Cemy.	P
	18. Funeral directors this Stein One	1
PLEASE	Address burnburland and	
br.	19. April 20 19 47 Mind J. Beude (Date/fee'd by registrar)	rar

	3. (b) Social Security N	umber
MEDICAL CE	RTIFICATION	,
20. DATE OF DEATHApril17		4 5 . 3AD
21. I CERTIFY that death occurred on the date about		
and that I last saw h.er. all Daad	April 17	19.47
Immediai- cause of death	[DURATION
Intercranial hemor		
Fractured Skull		once
Due to 12 guage shot g	un load	
intering right eye	going	
the to through brain &	fracturing	
skull back of left	ear.	***************************************
Other conditions		
(Include pregnancy within 3 m		
Major findings of operations		
Antopsy results	ich death should be charged a	tatistically.
22. VIOLENCE: If death was due to external cau	es, fill in the following:	1 6
Accident, suicide, or homicidemurder	note of 4 a	7-47
rural- Flintston	e P.O. Allega	nv Md.
rural- Where did Injury occur? Flintston	(County)	(State)
injured at home, farm, industry, public place (vi) Means of injury Shot	ear hone	reek
Means of Injury Shot	injured at work? Y	10

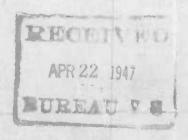


MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

BOSDE

1. PLACE OF PEANY Jounty CUMBERLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) MARYLAND State County ALLEGANY
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	CITY OF 10WS
Hospital, Institution, or street address where doath occurred: MEMORIAL HOSPITAL How long in hospital or institution?	Street No. I28 COLUMBIA ST. (If rural, give LOCATION)
3. (a) FULL NAME BABY BOY STEWART PREMATURE	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Singlet marriod, widowed, or divorced MALE WHITE Singlet	MEDICAL CERTIFICATION APRIL 18,1947 4;15 A.M.
6.(c) If allve, give age years 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days Jiless than one day N.B. 9. Birthplace Mark of the first o	and that I last saw ht. 12 alive on
11. Industry or business ORGE B. STEWART 12. Name PENNA. 13. Birthplaco 14. Malden name LEAFY SMITH STEWART NARYLAND	Other conditions (Include pregnancy within 8 months of death) Major findings of operations
Mr. George Smith Address 209 Mary St. Cumberland, Md.	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statist 22. VIOLENCE: If doath was due to external causes, fill in the following;
Burial (Burial, cremation, or removal. Which?) Comotery or crematory. HillCrest Cem.	Where did injury occur?
Cumberland, Md. 18. Funeral director Charles L. George	Injured at home, farm, Industry, public place (whore?) Means of Injury Injured at work?
18. Funeral director	



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00607

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegan	(For newborn infants give residence of mother) State County Colleganty
City or town (If outside city or town limits, write RURAL and give nearest town)	40: It - 0 X
How long in above place of death? 10 microstles	• (If outside city or town limits, write RORAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. Stars Revise
Stor But	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME	Stewart 3. (b) Social Security Number
Mis sarah gune	. Delicted your
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
Temple White Widowed	20, DATE OF DEATH ASS 9 19 4-7 21 8:15 F
Frank Sterrart	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	ap. 3 1047 to apr. 9 1047
7. Birth date of	and that I last saw have alive on a few 7 19.4.7
deceased (mo., dey, yr.) way 4, 185 8	Immediai- cause of death DURATION
8. AGE: Years Months O Days It less than one day	Cerebral hemanhage 6 drys
88 11 5hrsmin.	
9. Birthplace Flintstone allegang la had	Oue to
(Town, county, and state)	
10. Usual occupation	Due 10
11. Industry or business A Home	
12. Name Jacot Kifes in de	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Thatala Servett	
9 45 8141-1	Major findings of operations
≥ 15. Birthplace	Oate of op.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Star Address The Address Star Address	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Bural Date thereof abr 12 1947	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?)	
Cemetery or crematory	Where did injury occur?
Location Location	Thjured at home, farm, industry, public place (where?)
1B. Funeral director.	Means of Injury Injured af work?
Address Colombiale of the	a alle mi
The state of the s	23, SIGNATURE J. a. Coalson M.D. or other
19. (Both 10 19 47 Line J. Beuley. Registrar	man Stelly Orleans ms Bato Glorad 4/10/47
(Dôte rec'd by registrar) Registrar	AUDIES SALE SIGNES

-----The state of the s · January CA J. 19 There seemed your desirent ーー・カー Famel white white the sent Jan 6 L4 May 4, 1852 8 RECKET KAR Materia Smith المناج ال out It But was Contra when I they we 100 Handshar

DURATION

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APR 17 1947

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WRITE PLAINLY, WITH UNFADINGUNK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

RESERVED FOR BINDING

MARGIN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (926)

00609

CERTIFICATE OF DEATH

Reg. Diat. No. 4

	·	
1. PLACE OF DEATH: CLOO	2. USUAL RESIDENCE (HOME) 0 (For newborn infants give residence of	
County		
City or town(If outside city or town limits, write RURAL and give nearest town)	00000	
How long in above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest to the Street No. 35 (If rural, give LOCATION)	
Hospital, institution, or street address where death occurred:		
8. 35 Rue ST		
How long to hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME		3. (b) Social Security Number
Henry Joseph Strub		None.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CI	ERTIFICATION
mule White Mined	20. DATE OF DEATH. Color	1/3 11/7 1 9405
8, (b) Name of husband or wife. Many M. Leonard	21. I CERTIFY that death occurred on the date abo	ove stated; that attended deceased from
6.(c) the alive, give ageyears	march 15 19	7 to Upr / 3 19
7. Birth date of	and that I last saw homealive on	19 7
deceased (mo., day, yr.) ~ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Immediate cause of death	DURATION
81 9 23min.	Mysenskiss	31/10
		of c00 as
9. Birthplace New Bultimoni Pommylvania (Town, county, and state)	Due to.	y accessed
10. Usual occupation Company		haz :
	Due to.	
11, industry or business	***************************************	
12. Name Poter Strank 13. Birtholace German	Difher conditions	
	(Include pregnancy within 3	months of death)
14. Maiden name Philining State Walker	Major findings of operations	
14. Malden name Philinnina Start Walker 15. Birthotace Cermany		Date of op.
16. Informant Many Street	Antopsy results	
25 B C C 1 D D N. I	PHYSICIAN: Please underline the cause to w	hich death should be charged statistically.
Address 33 Mare 34, Minhallond, 1 Mg.	22. VIOLENCE: tf death was due to externat can	usee, fill in the tollowing:
17 (Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide	Date of
Cemetery or crematory ST. Manya Cemetery	Where did injury occur?(City or town)	(County) (State)
(0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0, 0	Injured at home, tarm, industry, public place (w	, , , , , , , , , , , , , , , , , , , ,
Location	Means of injury	Injured at work?
18. Funeral director. Rouis & lin. Ave.	nieuro di tilidi)	S
Address Cumberland Margland.	23. SIGNATURE. MEG QU	verior mod
19 April 15 19 47 J. P. Tranklin, M. D.	33 1 a a	M. D. or other
Registrar	Address	Nate signed



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Mante give residence of mother)
County	State 25 d' County Allege
City or town. (If outside city or fown limits write RURAL and give nearest town)	
How long in above place of death?	City or town(If outside city on town limits, some RURAL and give nearest town)
Hospital, institution, or street address where Beath occurred:	Street No. 207 Gentles ST.
muso I apple	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ida Jane Ther	nuo
4. Sex 5. Color or race 6.(a) Single, married, wildowed or divorced	MEDICAL CERTIFICATION
7. 6 Ich Many	and the 47 1800
The t	20. DATE DF DEATH 192
6.(b) Name of husband or wife alemany than the same	21. I CERTIFY that death occurred on the date above stated: that t attended deceased from
years	
7. Birth date of deceased (mo., day, yr.) Character 4-1876	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death
70 8 3hrsmin.	1525 were access on 21 15 15
7 11 011 10.	De la Famoul State
8. Birthpiace Jacob (Town, county, and state)	Due to Durabelles Medition
1D. Usual occupation	Due to
11. Industry or business	
12. Name 13. Sirthologe	Other conditions Generalized atterio silent so
13. Birthplace	Paraplegia (legs).
14. Maiden name Cleu Fortel	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Mdg	Date of on.
12/2	4.4
16. Informant O. a	Autopsy results
Address 20 7 Cognitive Stationary	22. ViOLENCE: If death was due to external causes, fill in the following:
17 Bush Date thereof 4-10-1947	Accident, suicide, or homicide
(Burlal, cremation, or removal, Which?) Date thereof. (month) (day) (year)	
Cemetery or crematory lightly the series	Where did Injury occur?
Location to extend and.	Injured at home, farm, Industry, public place (where?)
De A COVIL	Means of Injury Injured at work?
19. Funeral director	M 1 - 21
Address Fotolling, M.	23. SIGNATURE Grank / Harral My
1. 4-9 147 My Laury N. Kre.	M. D. or other 8/47
(Date rec'd by registrar) Registrar	Address 7 Cast Wall Of Date signed



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WARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3-5)

CERTIFICATE OF DEATH

1. PLACE OF DEATH: ONE COUNTY OF SECRET COUNTY OF THE COUN		
City or town. It British and with To british and give nearest town) It we long in above piece of dishit? Respila, Ingulging, or treat address when Pan betaged. Street No. Street No. (If runk, give LOCATION) 3. (a) FULL NAMD 3. (b) Social Security Number Advisor Schoper race 5. (b) I ame of hosband or wife. Store of No. Street No. Street No. MEDICAL CERTIFICATION 2. (b) Social Security Number MEDICAL CERTIFICATION 2. (c) It refers, name war. 3. (d) FULL NAMD 3. (b) Social Security Number MEDICAL CERTIFICATION 2. (c) Fund or wife. Store of No. Store	(VV)	(For newborn infants give residence of mother)
iter long in above place of death? Resollal, lampling, extrest address sphere, 30 occuped: How long in hospital or Institution? JUNEARS ROBERT STEEL ROBERT ST		1 Eplant /
Bow tong in hospital or Institution? Mercelles 5 dalps 2 (0) it relevan, name was 2 (0) it relevan, name was 3. (a) Social Security Number 2. (a) it relevant, name was 3. (b) Social Security Number 2. (control of the security Number 2. (a) it relevant, name was 3. (b) Social Security Number 2. (a) it relevant, name was 3. (b) Social Security Number 2. (control of the security Number 2. (control of	How long in above place of death?	(If outside city or town limits, write RURAL and give neares town)
8. AGE: Years Manha Bays I Hes has not aby 8. Birhalace Constitute to be beginned by the support of the suppor	Hospital, institution, or street address where death occurred:	
3. (a) FULL NAMP Advina Stat Solor or race S. (b) Solor or race S. (c) Single, married, widowed, or diverced MEDICAL CERTIFICATION MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 21. I CERTIFICATION 22. I CERTIFICATION 23. DATE OF DEATH 24. I S. (d) I alive, give age 3. (d) Fund or with that I alreaded decayand from the date above challed. That I alreaded decayand from the date above challed. The supplication of the date above challed decayand from the date above challed. The supplication of the date above challed decayand from the date above	How tong in hospital or institution? 4 weeks 5 days	
See 5. Doler or race 6. (3) Single, married, widowed, or divorced MEDICAL CERTIFICATION 20 DATE OF DEATH. 8. (6) Name of husband or wife. 10. DATE OF DEATH. 11. CERTIFY has death optimed in the date above stated; that I stropded decagated from 12. The state of decagated from 12. Th		
S. (6) Name of horband or wife. Curling New Age. S. (6) Halm, give age. S. (7) Halm, give age. S. (8) Halm, give age. S. (9) Halm, give age. S. (1) Halm, give age. S. (Lavina Jurk	none
E.(b) Name of husband or wife Authory Link S. (c) It alive, give age. S. (d) It alive an. S. (d) It alive, give age. S. (d) It alive, and hat late and hat la	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
5. (It alive, give age. 5. (It alive alive age. 6. (It alive) 6	Temale White married	20. DATE DE DEATH. CARLO 29 19. H. 7 21 3 50 PM
7. Birth date of deceased (mo., day, y.) Debuard (Therm, county, and state) 8. Birthplace	6.(b) Name of husband or wife authory Kerke	
8. AGE: Years Months 1. Se Birthplace		961.1 30 187
8. AGE: Years Months Days It less than one sky 2. It less than one sky 3. Birthplace Related (Down, county, any state) 10. Usual occupation. Afficiency of business North (Down, county, any state) 11. Industry or business North (Down, county, any state) 12. Name Teachers (Down, county, any state) 13. Birthplace (Include pregnancy within 2 months of death) 14. Maiden name (Ane Left Left) 15. Birthplace (Include pregnancy within 2 months of death) 16. Informant (Ane Left) 17. Autopsy results. 18. Informant (Ane Left) 19. This County (City or town) 19. The analysis of the cause to which death about be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Funeral director (City or town) 19. This County (County) (State) 19. This County (City or town) 19. This C	7. Birth date of deceased (mo., day, yr.) Tolorwary 5, 1900	
8. Birthplace Chart (Down, county, and state) 10. Usual occupation. 11. Industry or business North 11. Industry or business North 12. Name Relevant South South 13. Birthplace 14. Maiden name and the south South 15. Birthplace 16. Informant Major findings of operations. 17. Autopsy results. 18. Informant Major findings of operations. 19. The south	8. AGE: Years Months Days If less than one day	Immediate VI and VI
11. Industry or business 12. Name field right for a filled pregnancy within 3 months of death for a findings of operations. 13. Birthplace 14. Maiden name findings of operations. 15. Birthplace 16. Informant filled pregnancy within 3 months of death for a findings of operations. 16. Informant filled pregnancy within 3 months of death should be charged statistically. 17. Address 18. Informant filled pregnancy within 3 months of death should be charged statistically. 19. The findings of operations. 19. The findings	4/ 2. 24hrsmin.	
10. Usual occupation. 11. Industry or business 12. Name Telebrical Torler 13. Birthplace Torler 14. Maiden name Une telebrical Torler 15. Birthplace Torler 16. Informant Torler 17. Dural Date of op. 18. Informant Dural Date thereof. Date of op. 19. Torler Torler 19. Torler Torler 19. Torler Torler 10. Usual occupation. 11. Industry or business 12. Name Torler 13. Birthplace Torler 14. Maiden name Une telef Delevity (Include pregnancy within 8 months of death) (Include pregnan	8. Sirthplace Chart allegary Md	Ove to assignment suff by 29 days
11. Industry or business 12. Name Flederich Sorter 13. Birthplace Major findings of operation. 14. Maiden name Major findings of operation. 15. Birthplace Major findings of operation. 16. Informant Major findings of operation. 17. White Major findings of operation. 18. Informant Major findings of operation. 19. Cemelery or crematory Major findings		- Embolium Ist Simumlartine 45 days
Differ conditions. It will be the conditions. It	4 - ()	Due to
14. Malden name 1.	= 1000 all (anton)	Diher conditions Thy withittensy; for hyperthy - 64 days.
14. Maiden name (1.1	\$ 13. Birthplace Maryland	(Include pregnancy within 8 months of death)
Address PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	14. Maiden name unetter Wilson	
Address PHYSICIAN: Please underline the cause to which death abould be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide	x 15. Birthplace Maryand	Date of op.
Address 17. D. U.R. L.		Autopsy results
Date thereof	Address cekhart nay.	
Cemetery or crematory. Cemetery or crematory. More did Injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 18. Funeral director. Address 23. SIGNATURE. 23. SIGNATURE. 19.7 New Manual Manual Rock 19.7 New Manual Roc	17 Burial Date thereof May 2 1947	
Injured at home, farm, Industry, public place (where?) 1B. Funeral director Address Trostbears 19.5 - 2 1947 Thus Manuel Rue 19.5 - 2 1947 Thus Manuel Rue 1957 Thus Manuel Rue 1957 - 2 1947 Thus Manuel Rue 1957 Thus Manuel Rue 195	M Michael a Bruster	
18. Funeral director. Address Trostbeerg Meane of Injury Injured at work? 23. SIGNATURE 24. SIGNATURE N. D. or other / 47	Cemelery or cremalory	
18. Funeral director. Address Trostbeerg Md. 19.5-2 1947 Mes Maniey Rae 23. SIGNATURE TO MANIE M. D. or other 147	Location	
195-2 1947 Mes Marly N. B. Or other 147	18. Funeral director	means of injury
195-2 1947 mes dance the Front burg mil 5/1/47	Address Prostlying Man	23. SIGNATURE ALEXANDERS, M.N.
	19.5-2 1947 Sues Hayly N. Roes	Trustours Wil N. D. or other

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MAY 5 1947

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 932

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County	state Md. county Allegany		
city or town Rural) Tittle Orleans Md. (If outside city or town limits, write RURAL and give nearest town)			
How long In above place of death?	City or town Rural Tittle Orleans (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No.		
Little Onlens Md	(If rurai, give LOCATION)		
How long In hospital or Institution?	2.(a) If veteran, name war.	**********	
3.(a) FULL NAME	3. (b) Social Security Number		
Charles Denton Twigg			
4, Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	- 3	
7. widence		CAL	
male white widower	20. DATE OF DEATHApril 26 1947 21.6.	M.A.O.C.	
B.(6) Name of husband or wife Lana Henderson Smallwood	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	6.	
	19, to	19	
7. Birth date of	and that I last saw h. im. allyDead. April 26.	19.4.7	
Received functional has	Immediate cause of death		
0. AUL.	Myocarditis	reral	
	yea	rs	
9. Birthplace	Due to		
(20111) 000113, 000113,			
10. Usual occupation Retired Trackman	Due to	11.1.1.1.	
11. Industry or business Wanten M. R. R.	4. 3	. Y Z	
12. Name Bank Tung	Other conditions Arterio-sclerosis sev	reral	
12. Name Bank Tuning 13. Birthplace Manganh		BS	
	(Include pregnancy within 3 months of death)		
14. Malden name	Major findings of operations.		
2 15. Birthplace Mungland		*******************	
16. Informant damme Hom	Autopsy results.		
Address Cumbuland Mrd.	PHYStCtAN: Please underline the cause to which death should be charged statistical	у.	
	22. VIOLENCE: If death was due to external causes, fill in the following:		
11. (Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide		
Cemetery or crematory Mithaliat Cemetry	Where did injury occur? (City or town) (County) (State)		
	injured at home, farm, Industry, public place (where?)		
Location Onleans Mil			
18. Funeral director	Meens of injury Injured at work? Deputy Medical Examiner - Allegany	DO.	
Address Cumberland Md.	1111	145	
All a Ch PATH DA	23. SIGNATURE H. V. Deming M. D. H. D. or over	-	
19. Date rec'd by registrar) 19. 4.7 mo C. Connikelt.	Address Comballand Med Date signed 4/2	4/47	
(Date/rec'd by registrar) Registrar	Aburess Date signed	7	

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BUREAU V 8.

Treasher Within corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Diat. No ... COLL 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infants give residence of mother) City or town ... information carefully of death clearly and How long in above place of death?..... Hospilai, Institution, or street address where deal foccurred: How long in hospital or institution?... 2.(a) If veteran, name war...... 3. (a) FULL NAME 3. (b) Social Security Number CERTIFICATION FOR BINDING causes 7. Rirth date of deceased (mo., day, yr.) Supply lease wri OURATION Months Bays It less than one day 8. AGE: MARGIN RESERVED d unknown (Town, county, and atate) 11. Industry or business important. 13. Sirtholace (Include pregnancy within 3 months of death) Major findings of operations 15. Birthplace PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide..... Where did Injury occur?,...... WRITE (City or town) (State) (County) Injured at home, farm, Industry, public place (where?) Injured at work? Msana ot injury SE 18. Funeral director Address M. D. or other.

L. M. C. C. C. 1 THEREN OF ... 一方人 多种人 1.31 The Said Elight Frigg Their RECEIVED APR 15 1947 - 1 a Like Man & TWA

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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Dr Paul R. Wilbob14

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF	17700	anv		2. USUAL RESIDI	ENCE (HOME) (OF DECEASED:	
			URAL and give nearest town)	State Maryl	and co	woty : Allegany	r
	(If outside eity or town I	mits, write R	URAL and give nearest town)		City or town		
Hospital, Institution	, or street address where	death occurred			(If outside city or town limits, write RURAL and give nearest town) Street No. 206 Wood Street		
	206 Wood Street			Street No		e LOCATION)	
How long in hospita	al or institution?		••••••••••••••••••••••••••••••••••••••	2.(a) If veteran, name v	war		
3. (a) FULL NA		17771			111111111111111111111111111111111111111	3. (b) Social Security	Number
	JOSEP		MEIMER				
4. Sex	5. Color or race		e, married, widowed, or divorced			ERTIFICATION	
Female	White		XXXX Widow	20. DATE DF DEATH	April 12,	1947 19 XX	.2:30 pm
6,(b) Name of husb	and or wifeJO	hn S.	Weimer	21. I CERTIFY that deat	th occurred on the date ab	ove stated; that I attended dece	ased from
) If alive, give age	MALC	4 26 19	47 10 Apr.	12 1B.4
7. Birth date of deceased (mo., da		t 2.		and that I last saw h	alive on	pr 12	19.4.7
	feere Months	Days	If less than one day	Immediate cause of de	icardial 0	Myoceryiti egeneration	DURATION
93	3 8	10	hrs	in. NAT Sace	field as r	hermetic	1 Pect
R Richards Fr	rostburg.	Allera	any, Maryland	Due to		,	
D. Dirriipiase	(Town,	eounty, and s	tate)		*******		
1D. Usual occupation	House	WITC	***************************************	Due to		***************************************	
	inees Own					••••••••••••	
12. Name 13. Birthplace	van S			Dther conditions		••••••••••••	
13. Birthplace	Unkn			(Inclu	de pregnancy within 3	months of death)	
14. Malden na 15. Birthplace	unkn Unkn			Major findings of oper	ations /Vone		
						Date of op	
16. Intermant	rs -lm	edia	Brown	Antopsy results	None		
Address	Cumberl	and, 1	1d.			hich death should be charged	statistically.
17 Buris	al	Date there	of April 15.19	22. VIOLENCE: If dea	ith was due to external ca	uses, fill in the following: Date of	
			tery			(County)	
		-	maryland		Industry, public place (v	where?)	
18. Funeral directo	Ellswor	th S.	Boal			injured al work?	
Address	Westernpo	rt, Ma	arvland	23. SIGNATURE	RaulA	Wilson	maD.
	1	- 4		MIN.		M. D.	or other
Date rec'd by	/15 19.4-7 y registrar)	If some	Regist	rar Address Led	must, W.	Vo. Date signed	Apr. 13. 14

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APR 16 1947

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important, Physicians: please write the causes of death clearly and legibly.

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FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93%)

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CEDTIFICATE OF DEATH

CERTIFICA	TE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 5 04 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Unu Franklin 4. Sex 5. Color or race 8. (a) Single, marries, widowed, or divorted	Wentling 3. (b) Social Security Number MEDICAL CERTIFICATION
male white widowed ,	20. DATE DE DEATH CERTIL 30 1947 at 1:45 Pa
8.(b) Name of husband or wife Florence Uniquina Level 7. Sirth date of G. (c) If alive give age year	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 10 26	Immediair couse of death DURATION Chroneir my seasont
8. Birthpiace Bollow Valley . Fa. Townseounty, and atate)	Due 10
10. Usual occupation	Due to
E 12. Name CEUTY	Dither conditions
13. Birthplace 14. Maiden name Supplied Control of Con	(Include pregnancy within 3 months of death) Major findings of aperations
	Date of op.
16. Informant	Antopsy results
Address 17 July Date thereof Many 2 19 4 (Burlal, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the tollowing; Accident, suicide, or homicide
(Burlal, cremation, or removal, Which?) Cemetery or crematory.	Where did injury occur?
Location Curdherland Mad	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Cichelland und	23. SIGNATURE JOHN 14. Try 4 W. D. or other
19. May 7 19 4 7 J. L. Skanklin M. Registra	Address lew beelow we Date signed 5/1/4)

الله والمالية Barren State of the State of th 5 04 Balancas G. 504 Bellemone from Was Franklin Wentling . 9.7675 Malle Little Williams Reverse Trees To be seen and RECURVED MAY 3 1947 EUREAU 8 Enstate Carte

MARYLAND STATE DEPARTMENT OF HEALTH

00616

A age		TE OF DEATH Reg. Dist. No			
information carefully. The correct of death clearly and legibly.	1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Allegany City or town Cumberland (If outside city or town limits, write RURAL and give nearest town) Street No. 405 Avirett Avenue (If rural, give LOCATION) 2.(a) If veteran, name war.			
ormatic death	3.(a) FULL NAME FRANK J. WILLIAMS	3. (b) Social Security Number 520-53-1/09			
	4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced Mule White Manuel	MEDICAL CERTIFICATION 20, DATE OF DEATH. 24 April 1947 10 P.			
MARGIN RESERVED FOR BII UNFADING INK. Supply every i tant. Physicians: please write the	6.(b) Name of husband or wite	ars and that I last saw h. Am. alive on 2.1 mm. 4.3 19. Immediate cause of death OURATION Plant of the contract of the contr			
H.Y.	15. Birthplace England 16. Informant Funk R. Williams	Major findings of operations			
9-47 WRITE PLAINLY, is especially	Address 4 0 5 Aventh and Cumbuland Mal. 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide			
VS A15	18. Funeral director arms sum and Address Combanland Md. 18. Address Combanland Md. 18. April 25, 18 47 J. Franklin, M.	23. SIGNATURE W. alfred Van Dem M. D. or other Pote signed 25 75.5			

APR 29 1947 BUREAU V B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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DURATION

information carefully. The correct of death clearly and legibly, ADING INK. Supply every item of Physicians: please write the causes important. RITE PLAINLY, is especially

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			CERTIFICAT	TE OF DEATH		Reg. Diat. No	<u> </u>
1. PLACE OF DEA		4776	egany	2. USUAL RESIDENCE (HC	OME) OF	DECEASED:	
County		*****	***************************************	" Monryland Allogony			
Cumberland (If outside city or town limits, write RURAL and give nearest town)				umberla			
How long in abore place of death?			City or town(If outside city or	r town limits.	write RURAL and give ne	earest town)	
Hospital, Institution, or	street address where de	eath occurred	d:	Street No. 339 Frede:			
339 Frederick St					frural, give L		
How long to hospital or	institution?		······································	2.(a) If veteran, name war	**************	***************************************	
3. (a) FULL NAME	Ē					3. (b) Social Security	Number
	Eng	ene Wi	llis			220-07-6976	1-16
4. Sex	6. Color or race	8.(a)Singl	e, married, widowed, or divorced	MEDI	ICAL CE	RTIFICATION	
Male	Colored		Married	20. DATE OF DEATH	April	1 147	, at 5-
6.(b) Nams of hysband	er wife Este	lla Jo	ones Willis	21. I CERTIFY that death occurred on	the date above	stated; that I attended dec	eased from
			e) If alive, give age56years	member	194	b 10. affrance.	· /
7. Birth date of deceased (mo., day, y	July	19 1	884	and that I last saw h	on April	2.1	19
8. AGE: Years		Days	If less than one day	Immediate cause of death		***************************************	DUR
62	8	12	hrsmin.	Branda-	Mne	vm	7d
	orefield.	Hardy	Co. West Virginia	Oue to			

	Baltimore			Due to	***************************************	•••••	
	Louis			man	mled	blegante	3
E			, W. Va.	Other conditions myrc		0	•
≤ 13. 8irthplace				(Include pregnance	cy within 3 me	onths of death)	
里 14. Maiden name	Mammi			Major findings of operations			
14. Maiden name	Moor					Date of op	
16. tnformant	Archibald	Will	is	Antopsy results			9
Address 312	Howard Pla	ce	Cumberland, Md.	PHYSICIAN: Please underline the			statistically
17 Buris	or removal. Which?)	Date ther	eof April 4, 1947 (month) (day) (year)	22. VIOLENCE: If death was due to Accident, suicide, or homicide			
Complete or cremation	Rose I		emetery	Where did Injury occur?(Cit	to on town	(County)	(State)
				Injured at home, farm, industry, pub			(::::::::::::::::::::::::::::::::::::::
			Kight	Means of Injury		Injured at work?	
IIII I I I I I I I I I I I I I I I I I		rland		p >		La de	.)
Address	·/	0	0+ 11 (m)	23. SIGNATURE	n, 10	Tymou	or other
19. april	4 19 4 7		T. Tranklin M. L	Address 4/ luc	en fo	A Date signed	Theil

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WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

00618

2411 N. Charle	s St., Baltimore
CERTIFICAT	E OF DEATH Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County allegang	(Eng newborn infants give residence of mother)
City or town	State Thany land County Cliffang
How long in above place of death? 76 yrs	City or town
Hospital, Institution, or street address where death occurred:	Street No. 20. 1 Flager LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Lillian Angu Sm	the Hillian 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or styorced	MEDICAL CERTIFICATION
Hmale White married	20. DATE DE DEATH. april 19 19 47 at 2 30 P. N
and Orillian	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from
6.(b) Name of hueband or wife.	2:15 apr. 19 1847, 10 2 3 D D M, 19 47
7. Birth date of	and that I last saw h. Cra alive on Cept 1 1 9 19 4 1 19
deceased (mo., day, yr.) See 6 1870	Immediais cause of death accitis pulmer and DURATION
8. AGE: Yeare Months Days It less than one day	Edena 130 min
76 4 13min.	
9. Birthplace Bunker (Town, county, and state)	Due to Trol determend
1B. Usual occupation Hausenife	Dua to
11. Industry or businese	945 (
12. Name Parige J Smith	Other conditione 22 there Schenous
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name. S. Alexandra Ways. 15. Birthplace Ond.	Major findings of operations.
E 15. Birthplace Md.	Date of op.
16. Informant Suis Stratting Wallison	Antopsy results
Address Oumberlang.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Bate thereof. (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Rose I fall lessel.	Where did injury occur?
Location Cumpberland and	Injured at home, farm, Industry, public place (where?)
18. Funeral director assis Steam Inc	Meane of Injury Injured at work?
Address Comperland.	Charlotte B Gartner's
19. April 21, 19 47 J. Povanklin M. D. Registrar	23. SIGNATURE M. D. or other M. D. or other Address Churcher M. D. or other Land M. D.



correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The expecially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00619

CERTIFICATE OF DEATH

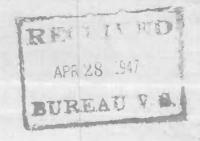
Reg. Dist. No.

1. PLACE OF DEA	Al			2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n		
Cumberland (If outside city or town limits, write RURAL and give nearest town)				City or town. Rural Cumberland (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or	street address where	pital	,	Streel No. R. D. #2 Baltin (If rural, give I	nore Pike	
3. (a) FULL NAMI	E		Wilson		3. (b) Social Security I	Number
4. Sex	5. Color or race		, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
Female	White	M	arried	20. DATE OF DEATH April 1	8, 1947	.a. 5. A.
6.(b) Name of husband			Wilson If allve, give ageyears	21. I CERTIFY that death occurred on the date abov	1) 10 4/18/4	/ >19
7. Birth date of deceased (mo., day, y	May 22	, 187	9	and that I last saw h.R		DURATION
8. AGE: Years		Days 250	If less than one dayhrs,min.	The food cuisis		
			nna.	Due to.		••••••
		ife		Due to.	•••••••	
	za W. Na			Dther conditions.		
	Penna.			(Include pregnancy within 3 m	onths of death)	
14. Maiden name.	Rena La	ney		Major findings of op ations		1
14. Maiden name. 15. Birthplace	Penna.			Therodeclar	Date of op	11/47
10. informante.	Jesse M #2 Cumbe	h de a cara de la colona quinca :	son	Antopsy results		statistically.
17 Burial	, or removal, Which?	Date there	Apr. 20,1947	22. VIOLENCE: If death was due to external cause Accident, suicide, or homicide		
Cemetery or cremato	, Hillo	rest	Burial Park	Where did lnjury occur?(City or town)	(County)	(State)
Location	Cumbe	rland	, Md.	Injured at home, farm, Industry, public place (wh	ere?)	**********************
			orge	Meens of Injury	Injured at work?	
Address		rland		23. SIGNATURE TOUR K	Duy W L)
19 april	20, 19 47	21	Franklin, M. D.	Address Charles	M. D. o	4/19/4:

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A 29 1947

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2411	N.	Charles	St.,	Baltimore
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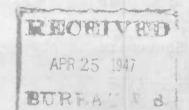
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0	0	6	20)
Dist	. N	0	6	

1						
1. PLACE OF DEA	AL	legany	(For newborn	ENCE (HOME) OF infants give residence of m	other)	
County			State Md.	. Coun	Allegany	
City or town(If ou	tside city or town l	imits, write RURAL and give nearest town)		MCCOOLE		
How long in above place of	f death?	TO YOUTO	(If	outside city or town limits,	write RURAL and give ner	rest town)
Hospital, Institution, or s	treet address where	death occurred: O West St.,	Street No		•*******************	
				(If rural, give I		
			2.(a) it veteran, name	e war		
3. (a) FULL NAME	Luc	retia Virginia Wolfe			3. (b) Social Security None	Number
4. Sex	5. Color or race	B.(a)Single, married, widowed, or divorced		MEDICAL CE	RTIFICATION	
Female	White	Widow	2D. DATE OF DEATH	April 22,	19.47	A.
6.(b) Name of husband o	r wite Wm.	H. Wolfe	21. I CERTIFY that de	ath occurred on the date abov	e stated; that I attended dece	ased from
			an	19. /	6 to april	19.7
7. Birth date of	160 TT 7	, 1881	and that I last saw h	eralive onafe	ril 22	19.7
deceased (mo., day, yr.	Months	Days It less than one day	Immediate cause of	doath		DURATION
8. AGE: 65	11	25	mys	nachtra	<u></u>	
				••••••		
9. Birthplace News	narket,	Virginia county, and state)	Due to			
	House	wife at home				
1D. Usual occupation			Due to			
11. Industry or business		3				*
불 12. NameJn	o. Emswi		Diher conditions.	Granie My	hutes	
13. Birthplace	Do no	t know		dude pregnancy within 3 m		
五 14. Maiden name	Do no	t know				
14. Maiden name						
	77.7	0	***************************************		Date of op	
16. Informant Mrs	. Edgar	Smoot	Antapsy results		ch desth should be charged	atatistically
Address Ma	artinsbu	rg, W. Va.				
Buris	al	Date thereot 4/24/1947 (month) (day) (year)		eath was due to external caus		
(Burisi, cremstion,					Date ot	0 ** * * * * * * * * * * * * * * * * *
Cemetery or of emails	Queer	s Point	Where did injury occ	ur?(City or town)	(County)	(State)
Location	Keyser,	W. Va.	Injured at home, tarm	, industry, public place (who	ere?)	
18. Funeral director	B.W. Mar	kwood	Means of Injury		Injured at work?	
Address	Keyse	r, W.Va.	1	1.1.1	Huffman	~ mg
64. 1	0.1.1.	Placatules Ban my	23. SIGNATURE		M. D.	Of Ocuer
19. (Unite rec'd by reg	24 19 4 7	Registrar	Address	user, W.	Date signed.	4-23-4



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Ine correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

00621

CERTIFICATE OF DEATH

Reg. Diat. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Collegary	State marmana County allega	und
City or town	State XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
How long in above place of death? 75 yrs	(If outside city or town limits, write RURAL and give	neareat town)
Hospital institution, or street address where death occurred.	Street No. 424 Cumberland S	2
allegany 60 Johnmany	(If rural, give LOCATION)	
How long in hospital or Institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Securi	ity Number
margaret Ilm	neder / None	3 1/10
4. Sex 5. Color or, race (a) Single married, widowed, or divorced	MEDICAL CERTIFICATION	
Homelo White Smole	2D, DATE DF DEATH Abril 28 19.4	7.5 A
Junior The Control of	21. I CERTIFY that death occurred on the date above stated; that lattended d	7
6.(b) Name of husband or wife	D2C. 3 19.46 10 Cope.	
7. Birth date of	yeara and that I last saw h. er alive on apr. 26	19 4 7
deceased (mo., day, yr.) Jan 5 1862	Immedia on use of death	DURATION
8. AGE: Years Months Days If less than one day	Cerebral Vascular	BORRITOR
85 3 28hrs.	min. accident	4 days
a Birthologo Rawlings allegaments o Gr	d. Due la Catrio-sclerotic	
9. Birthplace (Toyn, county, and plate)	la sertra sior disease	10 423.
10. Vaual occupation House wife	Due to.	
11. Industry or business	DUC 14	
12. Name Fred Kunder	Dther conditions	******
13. Birthplace Germany.		
	(Include pregnancy within 8 months of death)	
14. Malden name Nathernal Cotty 15. Birthplace Limeny	Major findings of operations	•••••
El 15. Birthplace . Summerny .	Date of op	
16. Informant Purso Lina Radio.	Autopsy results	at atatistically
Address Cumberland.		jed statisticany.
17 Brigal Bate thereof Francis 30 4	22. VIOLENCE: tf death was due to external causes, fill in the tollowing:	
(Burial, cremation, or removal, Which?) Bate thereof (monyh) (day) (year)		
Cemetery or crematory to little & ando Colins	Where did injury occur?	(State)
Location Commistersand	Injured at home, farm, Industry, public place (where?)	
V: H: 19.	Means of Injury Injured at work?	
18. Funeral director	()1/1 10 7	
Address Commissional	23. SIGNATURE Cos Thus 7. Joues he	.P.
19 april 29 1947 Joseph G. Josepher	M.	D. or other
(Date rec'd by registrar) Regi	strar Address 110 2. Centre 21. Date sign	ned 4-29-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICAT	E OF DEATH	Reg. Diat. No	4
How long in above plac Hospital, Institution, o Allegar	Cumberland	eath occurred:		2. USUAL RESIDENCE (HOME) OF I (For newborn infants give residence of mo State Maryland County Cumberland Clity or town Clif outside city or town limits, w Street No. 105 Wills Creek (If rural, give LC 2.(a) ti veteran, name war. World War	Allegany write RURAL and give new Avenue DOCATION)	arest town)
3. (a) FULL NAM	WILLIAM 2				3. (b) Social Security 270-03	
Male	5. Color or race White	6.(a)Single	married, widowed, or divorced Single	MEDICAL CER 20, DATE OF DEATH 24 APRIL 1947		2 P. M
		6.(<i>e</i>)) If alive, give ageyears	and that I tast saw h alive on 4	24 - 29	19.5)
8. AGE: Year	rs Months	Days	If less than one dayhrs min.	Immediate cause of death		12 kms
1D. Usual occupation.	rank Zantop	ker	y Co., Md.	Due 10	Julis	
14. Malden name	Christin		<u>t</u>	(Include pregnancy within 8 mon	Date of op	
Address C:	on, or removal. Which?)	Date there	of April 26, 1947 (month) (day) (year) Paul's Cemetery	PHYSICIAN: Please underline the cause to which 22. VIOLENCE: If death was due to external causes Accident, suicide, or homicide	s, fill in the following: Date of (County)	(State)
18. Funeral director	Louis Steumberland, Manuel Louis Steumberland, Manuel Louis Steumberland, Manuel Louis Steumberland, Manuel Louis Manuel Manuel Louis Manuel Man	in, In	C.	Injured at home, farm, Industry, public place (when Means of Injury 23. SIGNATURE	tnjured af work?	or other
(Date rec'd by r	egistrar)	· Jakanda	Registrar	Address 39 Neenes!	Date signed.	4-25-47

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 29 1947

BURGAU VB

Willia corporate limits MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (HOME) OF DECEASED: 1. PLACE OF DEATH: (For newborn infarts give residence of mother) ion carefully. outside city or town limits, write RURAL How long in above place of death?. Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 2.(a) If veteran, name war..... informatic of death 3A(a) FULL NAME 3. (b) Social Security Number 6.(a) Single, married, widowed, or divorced 5. Color or race MEDICAL CERTIFICATION 4. Sex causes BINDING 2D, DATE DF DEATH..... 21. I CERTIFY that death occurred on the date above stated; that I altended deceased fro 6.(c) If alive, give age FOR 7. Birth date of Supply e deceased (mo., day, yr.) DURATION Immediais cause of death Days It less than one day 8. AGE: RESERVED ADING INK. 1D. Usual occupation. MARGIN 11. Industry or business WITH UNF 13. Birthplace (Include pregnancy within 3 months of death) 14. Maiden na 15. Birthplace 14. Maiden name Major findings of operations Date of op. PLAINLY, I is especially 16. Informant. PHYSICIAN: Please underline the cause to which death should be charged statistically. Address 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof.... Accident, suicide, or homicide..... Where did injury occur? TE (City or town) (County) (State) WRI Injured at home, farm, Industry, public place (where?) Injured at work? Meens of Injury 18. Funeral director PLEASE Address 23. SIGNATURE Date signed.

12 min 18 8 m bas till it and forther ! april 9 Livery The supply RECEIVED! APR 15 1947 BURFATT